

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90055 016 ***150.00

DOCUMENT # 820062

1. Entity Name
AMERICAN CAPITOL INSURANCE COMPANY

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US | 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 74-1219404 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CORNETT, JOHN D. 10555 RICHMOND AVE HOUSTON, TX 00000 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RAMBO, GEORGE M 10555 Richmond Ave Houston TX 77042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STITES, D R 10555 RICHMOND AVE HOUSTON TX 77042 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CASTRO, MISSEY L. 10555 RICHMOND AVE HOUSTON TX 77042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MUSSELWHITE, H K 1055 RICHMOND AVE HOUSTON, TX 00000 77042 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MAYS, NELDA I. 10555 RICHMOND AVE HOUSTON TX 77042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILL, C S JR 2924 ELLA LEE HOUSTON TX | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANIELS, R. WELLINGTON 838 W. ELKCAM CIRCLE #403 MARCO ISLAND FL 34145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUEST, WILLIAM F. 10555 RICHMOND AVE. HOUSTON TX | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Kathleen Musselwhite* **H. Kathleen Musselwhite** 2/9/01 713-974-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)