

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 035 \*\*\*150.00

DOCUMENT # 820062					
1. Entity Name AMERICAN CAPITOL INSURANCE COMPANY					
Principal Place of Business 10555 RICHAMOND AVENUE POB 42814 HOUSTON, TX 77042-5054 US		Mailing Address 10555 RICHAMOND AVENUE POB 42814 HOUSTON, TX 77042-5054 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-1219404	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORNETT, JOHN D.		NAME		
STREET ADDRESS	10555 RICHMOND AVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 00000,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMBO, GEORGE M		NAME		
STREET ADDRESS	10555 RICHMOND AVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77042		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSSELWHITE, H K		NAME		
STREET ADDRESS	1055 RICHMOND AVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 00000, 77042		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, C S JR		NAME		
STREET ADDRESS	2924 ELLA LEE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUEST, WILLIAM F.		NAME		
STREET ADDRESS	10555 RICHMOND AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYS, NELDA I		NAME		
STREET ADDRESS	10555 RICHMOND AVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77042		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>H.K. Musselwhite</i>		H.Kathleen Musselwhite		2/15/05 713-974-2242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	