


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 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 # | |