## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #820062**

1. Entity Name

AMERICAN CAPITOL INSURANCE COMPANY



Principal	Place of	Business
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Mailing Address

## **FILED** Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90126 042 \*\*\*150.00

	MOND AVENUE POB 42814 ( 77042-5054 US	10555 RICHAMOND AVE HOUSTON, TX 77042-5		)B 42814	6 19 0 (0) 10 110	IIIII ABIII BRIIQ AIII	(8 M81 848A	E 1511 E 1611 I	1106 BITII 818	11 <b>18</b> : 41 18 <b>1</b> 1	
2. Principal P	tace of Business	3. Mailing Address									
		10555RICHMOND A	AVE		1 124101 14112	ISON COM OTHER CITY	të nar ëran	#1#11 #1#11 I	11811 81819 818	NEET IN LEEP	
Suite, Apt. 2hd F1o	-	Suite, Apt. #, etc. 2nd Floor			01122006	Chg-P	С	R2E034	(11/05)		
City & State	e	City & State			4. FEI Numbe	r			Ap	plied For	
					74-1219	9404				t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed [		<b>8.75</b> Add e Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
OT CORROBATION OVETEN			Na	Name							
	DRATION SYSTEM NE ISLAND ROAD		Stre	Street Address (P.O. Box Number is Not Acceptable)							
	ON, FL 33324					-					
			City	<del></del>					Zip Cod	a	
					_	·		FL	·		
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered offi	ce or registe	ered agent, or boti	h, in the State o	of Florida.	. I am fai	niliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent an	od lite it applicable /NOTE	Benjetered Agent	eionekure zeguiz	ed when reinstating)			DATE	<del></del>	<del></del>	
-	Signature, typed or printed frame or registariou again an	to the it applicable. (NOTE.	Hegistored Agent	aigi istora radoni							
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaiç Trust Fund Contri	_		5.00 May Be Ided to Fees						
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICER			S IN 11	
TITLE	PD	☐ Delete	TITLE					)(	XI Change	Addition	
NAME STREET ADDRESS	CORNETT, JOHN D. 10555 RICHMOND AVE			ESS 105	555 Richmond Ave, 2nd Floor						
CITY-ST-ZIP	HOUSTON, TX 00000,		CITY-ST-ZIF		ston, TX 77042					į	
TITLE	V	☐ Delete	TITLE	1200	ocon, in	, , <u>, , , , , , , , , , , , , , , , , </u>	•	X	Change	☐ Addition	
NAME	RAMBO, GEORGE M		NAME	105	EE D		0 1				
STREET ADDRESS CITY+ST+ZIP	10555 RICHMOND AVE HOUSTON, TX 77042		STREET ADDI	l l	55 Richmo						
TITLE	ST	□ Delete	TITLE					X	Change	Addition	
NAME	MUSSELWHITE, H K		NAME				_		•		
STREET ADDRESS	1055 RICHMOND AVE		STREET ADD	I	55 Richmo		2nd	Floo	r	į	
CITY-ST-ZIP	HOUSTON, TX 00000, 7704		CITY-ST-ZIF	Hou	ston, TX	77042					
TITLE NAME	D HILL, CS JR	☐ Delete	TITLE					l	Change	Addition	
STREET ADDRESS	2924 ELLA LEE		STREET ADD	ESS							
CITY-ST-ZIP	HOUSTON, TX		CITY-ST-ZIF								
TITLE	D	☐ Delete	TITLE					X	Change	Addition	
NAME	GUEST, WILLIAM F.		NAME	1,05				<b></b> 1			
STREET ADDRESS	10555 RICHMOND AVE.		STREET ADD	I	55 Richmo		∠nd	L.TOO.	r		
CITY-ST-ZIP	HOUSTON, TX			Hou	ston, TX	77042		¥I	X Change	☐ Addition	
TITLE NAME	V MAYS, NELDA I	☐ Delete	TITLE NAME						•		
STREET ADDRESS	10555 RICHMOND AVE		STREET ADD	<sub>ESS</sub>  105	55 Richmo	nd Ave,	2nd	F100	r .	ļ	
CITY-ST-ZIP	HOUSTON, TX 77042		CITY-ST-ZIF	·							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Kathleen Musselwhite

3/21/2006

713-974-2242 Daytime Phone #