



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90126 042 ***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 10555 RICHMOND AVE.		3. Mailing Address 10555 RICHMOND AVE			
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor			
City & State		City & State			
Zip		Zip			
4. FEI Number 74-1219404				Applied For <input type="checkbox"/> Not Applicable	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORNETT, JOHN D. 10555 RICHMOND AVE HOUSTON, TX 00000, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10555 Richmond Ave, 2nd Floor Houston, TX 77042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMBO, GEORGE M 10555 RICHMOND AVE HOUSTON, TX 77042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10555 Richmond Ave, 2nd Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSSELWHITE, H K 1055 RICHMOND AVE HOUSTON, TX 00000, 77042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10555 Richmond Ave, 2nd Floor Houston, TX 77042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, C S JR 2924 ELLA LEE HOUSTON, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEST, WILLIAM F. 10555 RICHMOND AVE. HOUSTON, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10555 Richmond Ave, 2nd Floor Houston, TX 77042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYS, NELDA I 10555 RICHMOND AVE HOUSTON, TX 77042 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10555 Richmond Ave, 2nd Floor	
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: <u>H. Kathleen Musselwhite</u> H. Kathleen Musselwhite 3/21/2006 713-974-2242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					