



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 040 ***150.00

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DOCUMENT # 820062			
1. Entity Name AMERICAN CAPITOL INSURANCE COMPANY			
Principal Place of Business 10555 RICHAMOND AVENUE 2ND FL HOUSTON, TX 77042-5054 US		Mailing Address 10555 RICHAMOND AVENUE 2ND FL HOUSTON, TX 77042-5054 US	
2. Principal Place of Business - No P.O. Box # 5250 South Sixth St		3. Mailing Address PO Box 5147	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Springfield, IL		City & State Springfield, IL	
4. FEI Number 74-1219404		Applied For Not Applicable	
Zip 62703		Country USA	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 2ND FL HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President James P. Rousey 5250 South Sixth, Springfield, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMBO, GEORGE M 10555 RICHMOND AVE 2ND FL HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/SVP 5250 South Sixth, Springfield, IL Theodore C. Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MUSSELWHITE, H K 10555 RICHMOND AVE 2ND FL HOUSTON, TX 770452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/VP Daniel S. Maloney 5250 South Sixth, Springfield, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, C S JR 2924 ELLA LEE HOUSTON, TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Michael K. Borden 5250 South Sixth, Springfield, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUEST, WILLIAM F. 10555 RICHMOND AVE 2ND FL HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Douglas A. Dockter 5250 South Sixth, Springfield, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAYS, NELDA I 10555 RICHMOND AVE 2ND FLR HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, Director Jesse T. Correll 5250 South Sixth Springfield, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Daniel S. Maloney, Treasurer/VP 02/23/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Date-time Phone #</small>	

(217) 241-6300 349