

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-06-2007 90002 040 \*\*\*150.00

**40029859**



<b>DOCUMENT # 820062</b> 1. Entity Name <b>AMERICAN CAPITOL INSURANCE COMPANY</b>					
Principal Place of Business <b>10555 RICHAMOND AVENUE 2ND FL HOUSTON, TX 77042-5054 US</b>			Mailing Address <b>10555 RICHAMOND AVENUE 2ND FL HOUSTON, TX 77042-5054 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5250 South Sixth St</b>		3. Mailing Address <b>PO Box 5147</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Springfield, IL</b>		City & State <b>Springfield, IL</b>		4. FEI Number <b>74-1219404</b>	
Zip <b>62703</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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 77042	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daniel S. Maloney, Treasurer/VP 02/23/07 <small>Date Daytime Phone #</small>		

(217) 241-6300 349