


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90015 030 \*\*\*150.00

**DOCUMENT # 820062**

1. Entity Name  
**AMERICAN CAPITOL INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**5250 SOUTH SIXTH ST**      **PO BOX 5147**  
**SPRINGFIELD, IL 62703 US**      **SPRINGFIELD, IL 62705 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02122008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**74-1219404**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**


**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ROUSEY, JAMES P	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	RAMBO, GEORGE M	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	
TITLE	TVP	<input checked="" type="checkbox"/> Delete
NAME	MALONEY, DANIEL S	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORDEN, MICHAEL K	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOCKTER, DOUGLAS A	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	CORRELL, JESSEE T	
STREET ADDRESS	5250 SOUTH SIXTH	
CITY-ST-ZIP	SPRINGFIELD, IL 62703	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEODORE C. MILLER</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Theodore C. Miller, SVP/SEC**      02/18/08      217-241-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #