

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB 16 PM 3:34

DOCUMENT # 820062 (8)

1. Corporation Name
AMERICAN CAPITOL INSURANCE COMPANY

Principal Place of Business		Mailing Address	
10555 RICHMOND AVENUE HOUSTON TX 77042	POB 42814	10555 RICHMOND AVENUE HOUSTON TX 77042	POB 42814

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/18/1966	3a. Date of Last Report 03/22/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 74-1219404	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24 77042-5054	25	29 77042-5054	30
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
					FL		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNETT, JOHN D.	1.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON, TX 08000	1.4 CITY - ST - ZIP	Zip - 77042-5054
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLANCY, PAUL L	2.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	Zip - 77042-5054
TITLE	TC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SHERENE L	3.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON, TX 08000	3.4 CITY - ST - ZIP	Zip - 77042-5054
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, R W.	4.2 NAME	
STREET ADDRESS	838 ELKCAM CIR #403	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	4.4 CITY - ST - ZIP	Zip - 33937-2266
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUEST, WILLIAM F.	5.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	Zip - 77042-5054
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherene Davis* Sherene L. Davis, Treasurer 2/7/95 713-974-2242
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR