

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **820062** (8)

1. Corporation Name
AMERICAN CAPITOL INSURANCE COMPANY



Principal Place of Business: 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US
Mailing Address: 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US

3. Date Incorporated or Qualified: **11/18/1966**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **74-1219404**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Subst. Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Country: 30

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: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ 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 00000	1.4 CITY-ST-ZIP	Zip 77042-5054
TITLE	VPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, PAUL L	2.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	2.3 STREET ADDRESS	Zip 77042-5054
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	TC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SHERENE L	3.2 NAME	Musselwhite, H. Kathleen
STREET ADDRESS	10555 RICHMOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	3.4 CITY-ST-ZIP	77042-5054
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, R W.	4.2 NAME	Hill, C. Stratton, Jr., M.D.
STREET ADDRESS	838 ELKCAM CIR #403	4.3 STREET ADDRESS	2924 Ella Lee
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	Houston, TX 77019
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEST, WILLIAM F.	5.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE.	5.3 STREET ADDRESS	77042-5054
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
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 119.07(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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Kathleen Musselwhite* H. Kathleen Musselwhite 2/7/96 713-974-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

CR2E034 (12/95)