
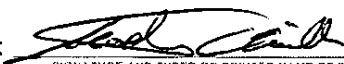


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 5250 SOUTH SIXTH ST SPRINGFIELD, IL 62703 US			Mailing Address PO BOX 5147 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		02122008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 74-1219404	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P ROUSEY, JAMES P 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SVP RAMBO, GEORGE M 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	THEODORE C. MILLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TVP MALONEY, DANIEL S 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BORDEN, MICHAEL K 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP DOCKTER, DOUGLAS A 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DCEO CORRELL, JESSEE T 5250 SOUTH SIXTH SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input 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:  Theodore C. Miller, SVP/SEC 02/18/08 217-241-6300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					