

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820062

FILED
Jan 31, 2012
Secretary of State

Entity Name: AMERICAN CAPITOL INSURANCE COMPANY

Current Principal Place of Business:

5250 SOUTH SIXTH ST
SPRINGFIELD, IL 62703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5147
SPRINGFIELD, IL 62705 US

New Mailing Address:

FEI Number: 74-1219404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROUSEY, JAMES P
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

Title: SVP
Name: MILLER, THEODORE C
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

Title: VP
Name: BORDEN, MICHAEL K
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

Title: VP
Name: DOCKTER, DOUGLAS A
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

Title: DCEO
Name: CORRELL, JESSEE T
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

Title: TREA
Name: ANDREW, JACOB J
Address: 5250 SOUTH SIXTH
City-St-Zip: SPRINGFIELD, IL 62703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THEODORE C. MILLER

SVP

01/31/2012

Electronic Signature of Signing Officer or Director

Date