

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F93000001438 (1)**

1. Corporation Name  
**WELLINGTON INSURANCE COMPANY**



Principal Place of Business  
**6801 CALMONT FORT WORTH TX 76111 US**

Mailing Address  
**6801 CALMONT FORT WORTH TX 76116-4108 US**

3. Date Incorporated or Qualified  
**03/16/1993**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**13-3352329**

Applied For  
 Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

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

TITLE **PCD**  DELETE

NAME **DEAREN, GARY SAMUEL**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

TITLE **VSD**  DELETE

NAME **GEER, WILLIAM E**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

TITLE **VD**  DELETE

NAME **ROBINSON, ROBERT PAUL**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

TITLE **VD**  DELETE

NAME **VENUS, ROBERT NEWTON III**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

TITLE **VPD**  DELETE

NAME **ALLVIN JOHNSTON, JR,**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

TITLE **V**  DELETE

NAME **FERGUSON, STEVE**

STREET ADDRESS **6801 CALMONT FORT WORTH TX**

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PGCD**  Change  Addition

2.2 NAME **GEER, WILLIAM E.**

2.3 STREET ADDRESS **6801 CALMONT FORT WORTH, TX**

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME **VSTD STASEY WILLIAM GARY**

4.3 STREET ADDRESS **6801 Calmont FORT WORTH, TX**

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **VPD ALVIN JOHNSTON, JR.**

5.3 STREET ADDRESS **6801 CALMONT FORT WORTH TX**

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME **VD FERGUSON, STEVEN C.**

6.3 STREET ADDRESS **6801 CALMONT FORT WORTH, TX**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William G. Stasey **Stasey** 4/24/97 817 732-2111

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)