## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # F0100000785  1. Entity Name WELLINGTON SPECIALTY INSURANCE COMPANY					04-27-2005 90275 011 ***150.00		
Principal Place C/O CT CORP 1209 ORANG WILMINGTON	ORATION SYSTEM SE STREET	Mailing Address 17 STATE STREET NEW YORK, NY 10038			14001690		
2. Principal Place of Business  425 Suite, Apt. #, etc.		3. Mailing Address  4250 N. Drinkunder Blvd  Suite, Apt. #, etc.		Ivel			
City & State	<del></del>	Suite 210 City & State Scoffsdale	<b>4</b> 2		04202005         Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicate	ole	
Zip	Country	82020 Zib	Country USA		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Hegistered Agent	Name of the last o		7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399				Name Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	registered office or	register	red agent, or both, in the State of Florida. I am familiar with, and accept	pt	
SIGNATURE_							
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signat	benuper eru	id when reinstating) DATE		
FILI After Ma	Signature, typed or printed name of registered agent.  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig			5.00 May Be ded to Fees		
FILI After Ma	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Financing	<b>\$5.</b> Add	6.00 May Be ded to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10. TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 OFFICERS AND PCD CHAVEL, FRANCOIS 17 STATE STREET	9. Election Campaig Trust Fund Contri	ibution.   11.  TITLE  NAME  STREET ADDRESS	\$5. Add Presi Rich	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Ident and Director Change Additional Vanishment Blud. Suffer 210	ion	
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12. I 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 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 truetge 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hartford CT 06103

Daytime Phone #