2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004380

Entity Name: WELLINGTON INSURANCE COMPANY

FILED Feb 07, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6801 CALMONT AVE 6801 CALMONT AVE

FT WORTH, TX 761164108 FT WORTH, TX 761164108 US

Current Mailing Address: New Mailing Address:

PO BOX 230

FT WORTH, TX 76101

FEI Number: 13-3352329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVE.

TALLAHASSEE, FL 32301 US

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/E

 Name:
 POSTON, PAUL R

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

Title: VP/D

 Name:
 MCPADDEN, M. SEAN

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

Title: VP/D

 Name:
 DITTMAR, JAN M

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

Title: VP/D

 Name:
 FERGUSON, STEVEN C

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

Title: S/D

 Name:
 HYMAN, CAROLYN B

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

Title: T/D

 Name:
 BRADSHAW, GREGORY A

 Address:
 6801 CALMONT AVE

 City-St-Zip:
 FT WORTH, TX 761164108

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: JAN M. DITTMAR VP/D 02/07/2012