

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:56

**DOCUMENT # F93000001438 (1)**

1. Corporation Name  
**WELLINGTON INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**2601 AIRPORT FREEWAY  
FORT WORTH TX 76111**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>6801 CALMONT</b>		26 <b>6801 CALMONT</b>		<b>03/16/1993</b>	<b>04/19/1994</b>
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
23 <b>FORT WORTH, TX</b>		28 <b>FORT WORTH, TX</b>		<b>13-3352329</b>	Not Applicable
24 <b>76116</b>		29 <b>76116</b>		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 <b>USA</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	85 Zip Code

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: \_\_\_\_\_ (Signature of Registered Agent)  
Signature of person named in 9 has been a part of the corporation (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	PCD
NAME	DEEAREN, GARY SAMUEL	12 NAME	DEAREN, GARY SAMUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6950 TAMARACK ROAD	13 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FORT WORTH TX 76116	14 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VPSD	21 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEER, WILLIAM E	22 NAME	GEER, WILLIAM E.
STREET ADDRESS	5008 RIVER RIDGE	23 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	ARLINGTON TX 76017	24 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VPD	31 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT PAUL	32 NAME	ROBINSON, ROBERT PAUL
STREET ADDRESS	5040 STANLEY DRIVE	33 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	THE COLONY TX	34 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VPD	41 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENUS, ROBERT NEWTON III	42 NAME	VENUS III, ROBERT NEWTON
STREET ADDRESS	1032 WOODOAK COURT	43 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FORT WORTH TX 76112	44 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VPD	51 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, DONALD JAMES	52 NAME	BAUMAN, DONALD JAMES
STREET ADDRESS	2934 RIDGEWOOD DRIVE	53 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	GRAPEVINE TX 76051	54 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VP	61 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, STEVE	62 NAME	FERGUSON, STEVE
STREET ADDRESS	904 PEARSON	63 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	ROANOKE TX 76282	64 CITY-ST-ZIP	FORT WORTH, TX 76116

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 reason for the corporation to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wm. Gary Stacey (Signature and Title of Noning Officer or Director) **Wm. Gary Stacey** 2/9/95 (817) 732-2111

# Wellington **WIC** Insurance Company

WELLINGTON INSURANCE COMPANY  
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1995 CORPORATION ANNUAL REPORT

## ADDITIONAL OFFICERS AND DIRECTORS

TITLE:	V	ADDITION
NAME:	BATCHELOR, DONALD	
STREET ADDRESS:	6801 CALMONT	
CITY, STATE, ZIP:	FORT WORTH, TEXAS 76116	

TITLE:	VTD	ADDITION
NAME:	STASEY, WILLIAM GARY	
STREET ADDRESS:	6801 CALMONT	
CITY, STATE, ZIP:	FORT WORTH, TEXAS 76116	