

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 76111 US

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 02/14/1995

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. Zip Country 29. Zip Country 30. Zip Country

4. FLI 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	
NAME	DEEAREN, GARY SAMUEL	1.2 NAME	Dearen
STREET ADDRESS	6801 CALMONT	1.3 STREET ADDRESS	(please correct spelling of name)
CITY-ST-ZIP	FORT WORTH TX	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	GEER, WILLIAM E	2.2 NAME	Fort Worth, TX
STREET ADDRESS	6801 CALMONT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	2.4 CITY-ST-ZIP	Fort Worth, TX
TITLE	VD	3.1 TITLE	
NAME	ROBINSON, ROBERT PAUL	3.2 NAME	Fort Worth, TX
STREET ADDRESS	6801 CALMONT	3.3 STREET ADDRESS	
CITY-ST-ZIP	THE COLONY TX	3.4 CITY-ST-ZIP	Fort Worth, TX
TITLE	VD	4.1 TITLE	
NAME	VENUS, ROBERT NEWTON III	4.2 NAME	
STREET ADDRESS	6801 CALMONT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Vice Pres/Director
NAME	BAUMAN, DONALD JAMES	5.2 NAME	Alvin Johnston, Jr.
STREET ADDRESS	6801 CALMONT	5.3 STREET ADDRESS	6801 Calmont
CITY-ST-ZIP	GRAPEVINE TX	5.4 CITY-ST-ZIP	Fort Worth, TX
TITLE	V	6.1 TITLE	
NAME	FERGUSON, STEVE	6.2 NAME	Fort Worth, TX
STREET ADDRESS	6801 CALMONT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE TX	6.4 CITY-ST-ZIP	

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)(k), 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 E. Geer William E. Geer 4/25/96 817) 732-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)