

**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 25 29 30

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	<input type="checkbox"/> DELETE
NAME	DEEAREN, GARY SAMUEL	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GEER, WILLIAM E	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROBERT PAUL	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	THE COLONY TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VENUS, ROBERT NEWTON III	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUMAN, DONALD JAMES	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	GRAPEVINE TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEVE	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	ROANOKE TX	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dearen	
1.3 STREET ADDRESS	(please correct spelling of name)	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	Fort Worth, TX	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Fort Worth, TX	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alvin Johnston, Jr.	
5.3 STREET ADDRESS	6801 Calmont	
5.4 CITY-ST-ZIP	Fort Worth, TX	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Fort Worth, TX	

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)