

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 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 76116-4108 US

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
05/01/1996

4. FEI 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

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	DEAREN, 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	FORT WORTH TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROBERT PAUL	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VENUS, ROBERT NEWTON III	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALLVIN JOHNSTON, JR,	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEVE	
STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FORT WORTH TX	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PGCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEER, WILLIAM E.	
2.3 STREET ADDRESS	6801 CALMONT	
2.4 CITY-ST-ZIP	FORT WORTH, TX	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STASEY WILLIAM GARY	
4.3 STREET ADDRESS	6801 Calmont	
4.4 CITY-ST-ZIP	FORT WORTH, TX	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FERGUSON, STEVEN C.	
6.3 STREET ADDRESS	6801 CALMONT	
6.4 CITY-ST-ZIP	FORT WORTH, TX	

14. I do 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 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 G. Stasey 4/24/97 817 732-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)