## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am Secretary of State DOCUMENT # F93000001438 1. Entity Name 04-16-2002 90027 011 \*\*\*150.00 WELLINGTON INSURANCE COMPANY Principal Place of Business Mailing Address 6801 CALMONT 6801 CALMONT FORT WORTH TX 76116 FORT WORTH TX 76111 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3352329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399-0300 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) , . . Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STASEY, WILLIAM G STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FORT WORTH TX TITLE ☐ Addition PGCD □ Delete TITLE Channe NAME NAME GEER, WILLIAM E STREET ADDRESS STREET ADDRESS 6801 CALMONT CITY-ST-ZIP CITY-ST-ZIP FORT WORTH TX TITLE Change ☐ Addition Delete NAME NAME ROBINSON, ROBERT PAUL STREET ADDRESS STREET ADDRESS **6801 CALMONT** CITY-ST-ZIP CITY-ST-ZIP FORT WORTH TX TITLE ☐ Delete Change ☐ Addition **VPD** NAME NAME JOHNSTON JR. ALVIN STREET ADDRESS STREET ADDRESS 6801 CALMOT CITY-ST-ZIP CITY-ST-ZIP FORT WORTH TX TITLE Delete TITLE ☐ Change ☐ Addition NAME FERGUSON, STEVEN C STREET ADDRESS STREET ADDRESS 6801 CALMONT CITY-ST-7IP CITY-ST-ZIP FORT WORTH TX ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an appears in Block 11 or Block 12 if changed, or on an attachment with an appears in Block 11 or Block 12 if changed.

Ceer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: