


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State


DOCUMENT # F93000001438

1. Entity Name
WELLINGTON INSURANCE COMPANY



Principal Place of Business 6801 CALMONT FORT WORTH, TX 76116 US	Mailing Address 6801 CALMONT FORT WORTH, TX 76111 US
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3352329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000078595
 03/08/04-80031-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STASEY, WILLIAM G ST FORT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGCD GEER, WILLIAM E 6801 CALMONT FORT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, ROBERT PAUL 6801 CALMONT FORT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSTON JR, ALVIN 6801 CALMONT FORT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, STEVEN C 6801 CALMONT FORT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:  **William E. Geer** 2-23-04 817) 732-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #