


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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000078595 03/08/04-80031-020 150.00
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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 like empowered.

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