

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001438

FILED
Jan 05, 2010
Secretary of State

Entity Name: WELLINGTON INSURANCE COMPANY

Current Principal Place of Business:

6801 CALMONT
FORT WORTH, TX 76116 US

New Principal Place of Business:

Current Mailing Address:

6801 CALMONT
FORT WORTH, TX 76111 US

New Mailing Address:

FEI Number: 13-3352329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD
Name: STASEY, WILLIAM G
Address: 6801 CALMONT AVE
City-St-Zip: FORT WORTH, TX 761164108 US

Title: GCCB
Name: GEER, WILLIAM E
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX 761164108 US

Title: PD
Name: JOHNSTON, ALVIN M
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX 761164108 US

Title: VPD
Name: POSTON, PAUL R
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX 761164108 US

Title: VD
Name: FERGUSON, STEVEN C
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX

Title: T
Name: BRADSHAW, GREGORY A
Address: 6801 CALMONT AVE
City-St-Zip: FORT WORTH, TX 76116 41

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN M JOHNSTON

PRES

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date