


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P19015</b> 1. Entity Name STONINGTON INSURANCE COMPANY	
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Principal Place of Business 5080 SPECTRUM DRIVE SUITE 900 EAST ADDISON, TX 75001 US	Mailing Address 5080 SPECTRUM DRIVE SUITE 900 EAST ADDISON, TX 75001 US
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-0338686	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, WILLIAM A 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHLAEGEL, WOLDEMAR W 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEATHERLY, DAVID A 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMMIS, JOHN M 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUENKE, MICHAEL S 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO PRIMERANO, RICHARD B 5080 SPECTRUM DRIVE, SUITE 900 E ADDISON, TX 75001

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01/20/06-80022-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy Self 1/5/06 972-664-7010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #