

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20923

Entity Name: WELLINGTON RISK INSURANCE AGENCY, INC.**Current Principal Place of Business:**6801 CALMONT AVENUE
FORT WORTH, TX 76116**Current Mailing Address:**6801 CALMONT AVENUE
FORT WORTH, TX 76116 US**FEI Number:** 75-2234314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	PD
Name	POSTON, PAUL R
Address	6801 CALMONT
City-State-Zip:	FT. WORTH TX 76116-4108

Title	EVP/D
Name	MCPADDEN, M SEAN
Address	6801 CALMONT
City-State-Zip:	FT WORTH TX 76116-4108

Title	S/D
Name	HYMAN, CAROLYN B
Address	6801 CALMONT
City-State-Zip:	FT WORTH TX 76116-4108

Title	SVP/T
Name	DITTMAR, JAN M
Address	6801 CALMONT
City-State-Zip:	FT WORTH TX 76116-4108

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: PAUL POSTON**PRESIDENT****04/20/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date