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(Ac	ldress)	
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(Cit	ty/State/Z	ip/Phone #)
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Certified Copies	_ Ce	ertificates of Status
Special Instructions to	Filing Off	īcer:
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W. P. Verifyer	DCC	



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SECRETARY OF STATE

TRANSMITTAL LETTER

Division of Cor			
SUBJECT:	Leader Preferre	d Insurance Company	
	(Name of corpora	ation - must include suffix)	
Dear Sir or Madam:			
	e", and check are submitted	for Authorization to Transact to register the above reference	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Jenni	fer K. Hill	PONE N
	(Name	e of Person)	
	Infinity Inc	urance Companies	wy trojomia ngo y sakala ara na
	(Firm/	(Company)	OL MAR9
	11700 Gr	eat Oaks Way	<u> </u>
	(A	ddress)	19
	Alphare	tta, GA 30022	
	(City/Sta	ite and Zip code)	
For further information	concerning this matter, pleas	se call:	ა: 06
Jennifer K. Hill	at (800	852-8208, ext. 766	517
(Name of Perso		ea Code & Daytime Telephor	ne Number)
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	is	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Leader Preferred Insurance Company	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine," "Co," or "Corp.")	
The control of the co	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	2.00
2. Ohio 3. 34-1785809	55 Y (33)
2. Ohio (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. November 7, 1994 5. Perpetual	
(Date of incorporation) (Duration: Year corp., will cease to exist or "perpetual")	The second of th
Then well-fresher	··
6. Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	<u>.</u> Šω -
7 580 Walnut Street, Cincinnati, OH 45202	- 20 月 - 33 只
7. 580 Walnut Street, Cincinnati, OH 45202 (Principal office address)	5 <u>= </u>
	→ □ □ □
5205 N. O'Connor Blvd. Suite 700, Irving, TX 75039 (Current mailing address)	
8 Insurance	≥ ≥ ≥
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	WS.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	***
Name: The Florida Insurance Commissioner	. <u>sa</u> uu daa .
Office Address: 200 East Gaines Street	Alast
Tallahassee Florida 32399-0300	
(City) (Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the p	Jaco
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
and I am familiar with and accept the obligations of my position as registered agent.	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman	n:				
Address:			<u> </u>	<u>.</u>	2011 - 12 12 12 12 12 12 12
		- p ar .;	<u>.</u>		
Vice Cha	airman:	Fig. 1	<u> </u>	·. ·	
Address:		का धराना		<u> </u>	
,	The state of the s	<u></u>	_ .		
Director:	James R. Gober	<u>.</u>		3 ,-	
Address:	2204 Lakeshore Drive	<u> </u>		, T	10000000000000000000000000000000000000
	Birmingham, AL 35209	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	
Director:	Samuel J. Simon		· <u>· </u>	 	"" 秦德伊克
Address:	2204 Lakeshore Drive	<u> </u>			_ <u></u>
	Birmingham, AL 35209	·	오) 1
B. OFF	FICERS		MAR)(CE)	
President	Tommy J. Stone		9	<u></u> ⊋≃	
Address:	5205 N. O'Connor Blvd, Suite 700	<u></u>	¥	- <u> </u>	0
	Irving, TX 75039	, . _	ယ္	· <u>×</u> ×	
Vice Pres	sident: John R. Miner	<u>+</u>	<u></u>	N N	l √h e
Address:	11700 Great Oaks Way	<u>,=</u> ,.	·.	<u>.</u> 5 -	
	Alpharetta, GA 30022	<u> </u>	: _	<u>.</u> .	77 3 3 5 4 5 4 5 4 5 4 5 4 5 4 5 5 4 5 5 6 5 6
Secretary	Samuel J. Simon	ž , <u>, , .</u>		<u></u> :	TO THE PERSON NAMED OF THE
Address:	2204 Lakeshore Drive, Birmingham, AL 35209	<u>. </u>	` <u>+ _</u>	ا اند <u>ق</u>	· · · · · · · · · · · · · · · · · · ·
Treasurer	Roger H. Prestridge		-	ī	in Tagrés :
Address:	2204 Lakeshore Drive, Birmingham, AL 35209	<u> </u>			T
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.			*.
13	Am DAwi	- -			4
	(Signature of Director or Officer listed in number 12 of the application)	<u> </u>			** 华
14. Jo l	hn R. Miner, Executive Vice President	<u> </u>			7
	(Typed or printed name and capacity of person signing application)				

Additional Directors for Leader Preferred Insurance Company

John R. Miner 11700 Great Oaks Way Alpharetta, GA 30022

Roger Smith 2204 Lakeshore Drive Birmingham, AL 35209

Roger H. Prestridge 2204 Lakeshore Drive Birmingham, AL 35209

David G. Blachly 2204 Lakeshore Drive Birmingham, AL 35209

Tommy J. Stone 5205 N. O'Connor Blvd. Suite 700 Irving, TX 75039

William R. Kennedy 2204 Lakeshore Drive Birmingham, AL 35209 04 MAR -9 PM 3: 06

SECRETARY OF STATE
SECRETARY OF STATE

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show LEADER PREFERRED INSURANCE COMPANY, an Ohio corporation, Charter No. 885358, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 07, 1994 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of March, A.D. 2004

Ohio Secretary of State

Validation Number: V200462M5C775