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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90045 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 844748

1. Corporation Name  
**LEADER NATIONAL INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4100 HARRY HINES BLVD, DALLAS TE 75219, US  
 Mailing Address: 4100 HARRY HINES BLVD, DALLAS TE 75219, US

3. Date Incorporated or Qualified: 12/04/1979  
 4. FEI Number: 34-0927698  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, THE CAPITAL BLDG., TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERANT, GENE S	1.2 NAME	
STREET ADDRESS	4100 HARRY HINES	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TE	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	Assistant VP and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLOWAY, STEPHANIE D	2.2 NAME	P. Lance Malone
STREET ADDRESS	4100 HARRY HINES BLVD	2.3 STREET ADDRESS	4100 Harry Hines Blvd.
CITY-ST-ZIP	DALLAS TE	2.4 CITY-ST-ZIP	Dallas, Texas 75219
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, TOMMY J	3.2 NAME	
STREET ADDRESS	4100 HARRY HINES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P. Lance Malone* 2-10-99 214/520-5720  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)