

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90107 023 ***150.00

DOCUMENT # 844748

1. Entity Name

LEADER INSURANCE COMPANY

Principal Place of Business

Mailing Address

4100 HARRY HINES BLVD
 DALLAS TE 75219
 US

4100 HARRY HINES BLVD
 DALLAS TE 75219-3207
 US

2. Principal Place of Business

3. Mailing Address

4100 Harry Hines Blvd.

4100 Harry Hines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dallas, TX

Dallas, TX

Zip
 75219

Country
 USA

Zip
 75219

Country
 USA

4. FEI Number

34-0927698

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITAL BLDG.
 TALLAHASSEE FL 32302**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YERANT, GENE S 4100 HARRY HINES DALLAS TE | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MALONE, LANCE P 4100 HARRY HINES BLVD DALLAS TX 75219 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS STONE, TOMMY J 4100 HARRY HINES BLVD DALLAS TE | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Add Officers and Directors from attached list | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Donald A. Baker DONALD A. BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000

Date

214-523-5724

Daytime Phone #

CR2E034 (9/99)

Attach.
C0035178
#844748

LEADER INSURANCE COMPANY
(Property/Casualty Insurance)

4100 Harry Hines Boulevard
Dallas, TX 75219
(214) 526-3876

Incorporated: March 20, 1963; Ohio
Federal E.I. No.: 34-0927698

Name changed from: Northstar Insurance Company, effective 9/26/1963
Leader National Insurance Company, effective 12/11/1998

DIRECTORS

~~Gregory F. Albacete~~
Robert F. Amory (FC)
JAMES R. GOBER (EC, FC) (12/13/99)
Karen Holley Horrell (EC)
Michael D. Krause (EC, FC)
Eve Cutler Rosen
Tommy J. Stone
(EC - Executive Committee) (FC - Finance Committee)

OFFICERS

TITLE

| | |
|-------------------------------------|---|
| Michael D. Krause..... | Chairman |
| JAMES R. GOBER (12/13/99)..... | PRESIDENT |
| Tommy J. Stone..... | Senior Vice President & Secretary |
| Gregory F. Albacete..... | Vice President |
| Suzanne Hoak..... | Vice President |
| Karen Holley Horrell..... | Vice President & Assistant Secretary |
| Tracy L. McGovern..... | Vice President |
| Scott C. Pitrone..... | Vice President |
| Jeffrey D. Reynolds..... | Vice President |
| Veronika M. Willard..... | Vice President & General Counsel |
| DONALD A. BAKER (12/31/99)..... | Assistant Vice President & ASSISTANT TREASURER |
| Gary L. Gray..... | Assistant Vice President |
| Timothy L. Hearn..... | Assistant Vice President |
| David R. Kelly..... | Assistant Vice President |
| Patrick L. Malone..... | Assistant Vice President & Treasurer |
| J. Regis Metoyer..... | Assistant Vice President |
| John N. Mininger..... | Assistant Vice President |