

# 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

Dallas, TX

City & State

Dallas, TX

4. FEI Number

34-0927698

Applied For

Not Applicable

Zip

75219

Country

USA

Zip

75219

Country

USA

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                   |
| <del>Gregory F. Albacete.....</del> | <del>Vice President</del>                           |
| 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<br>TREASURER   |
| Gary L. Gray.....                   | Assistant Vice President                            |
| Timothy L. Hearn.....               | Assistant Vice President                            |
| David R. Kelly.....                 | Assistant Vice President                            |
| <del>Patrick L. Malone.....</del>   | <del>Assistant Vice President &amp; Treasurer</del> |
| J. Regis Metoyer.....               | Assistant Vice President                            |
| <del>John N. Mininger.....</del>    | <del>Assistant Vice President</del>                 |