

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

0669125

DOCUMENT # 844748

1. Entity Name

LEADER INSURANCE COMPANY

04-02-2001 90361 048 ***150.00

Principal Place of Business

Mailing Address

**4100 HARRY HINES BLVD
 DALLAS TE 75219
 US**

**4100 HARRY HINES BLVD
 DALLAS TE 75219
 US**

C0040093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 Harry Hines Blvd.

Suite, Apt. #, etc.

3. Mailing Address

4100 Harry Hines Blvd.

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	KRAUSE, MICHAEL D	
STREET ADDRESS	4100 HARRY HINES	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOBER, JAMES R	
STREET ADDRESS	4100 HARRY HINES BLVD	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STONE, TOMMY J	
STREET ADDRESS	4100 HARRY HINES BLVD	
CITY-ST-ZIP	DALLAS TE	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOAK, SUZANNE	
STREET ADDRESS	4100 HARRY HINES BLVD	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HORRELL, KAREN H	
STREET ADDRESS	4100 HARRY HINES BLVD	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGOVERN, TRACY L	
STREET ADDRESS	4100 HARRY HINES BLVD	
CITY-ST-ZIP	DALLAS TX 75219	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/22/01

214-523-5724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)