


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90210 024 ***150.00

| | |
|---|---|
| DOCUMENT # 844748 1. Entity Name LEADER INSURANCE COMPANY |  |
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|---|---|
| Principal Place of Business 4100 HARRY HINES BLVD DALLAS, TE 75219 US | Mailing Address 4100 HARRY HINES BLVD DALLAS, TE 75219 US |
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| 2. Principal Place of Business 5205 N. O'Connor Blvd. Suite, Apt. #, etc. Suite 700 | 3. Mailing Address 5205 N. O'Connor Blvd. Suite, Apt. #, etc. Suite 700 |
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|----------------------------|----------------------------|
| City & State Irving, TX | City & State Irving, TX |
|----------------------------|----------------------------|

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|--------------|--------------------------|--------------|--------------------------|
| Zip 75039 | Country United States | Zip 75039 | Country United States |
|--------------|--------------------------|--------------|--------------------------|

04232004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 34-0927698 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV BAKER, DONALD A 4100 HARRY HINES DALLAS, TX 75219 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOBER, JAMES R 4100 HARRY HINES BLVD DALLAS, TX 75219 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS STONE, TOMMY J 4100 HARRY HINES BLVD DALLAS, TE | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HORRELL, KAREN H 4100 HARRY HINES BLVD DALLAS, TX 75219 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENSEN, KEITH A 580 WALNUT STREET CINCINNATI, OH 45202 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINER, JOHN R 580 WALNUT STREET CINCINNATI, OH 45202 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gober, Jamer R. 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Stone, Tommv J. 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Miner, John R. 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Prestridae, Roaer H. 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Simon, Samuel. J. 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Smith, Roaer 5205 N. O'Connor Blvd.. Suite 700 Irving, TX 75039 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald A. Baker Donald A. Baker April 26, 2004 972-501-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #