


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90243 022 \*\*\*150.00

**DOCUMENT # 844748**

1. Entity Name  
**LEADER INSURANCE COMPANY**



Principal Place of Business  
**1400 PROVIDENT TOWER**  
**ONE EAST FOURTH ST.**  
**CINCINNATI, OH 45202 US**

Mailing Address  
**1400 PROVIDENT TOWER**  
**ONE EAST FOURTH ST.**  
**CINCINNATI, OH 45202 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
**5205 N. O'Connor Blvd.**  
 Suite 700

City & State  
**Irving, TX**

Zip  
**75039**

Country  
**US**

**14008979**



02012005 Chg-P CR2E034 (10/03)

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE D	GOBER, JAMER R <input type="checkbox"/> Delete 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE PD	STONE, TOMMY J <input type="checkbox"/> Delete 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE D	MINER, JOHN R <input type="checkbox"/> Delete 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE TD	PRESTRIDOE, ROGER H <input type="checkbox"/> Delete 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE SD	SIMON, SAMUEL J <input type="checkbox"/> Delete 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039
TITLE D	MINER, JOHN R <input checked="" type="checkbox"/> Delete 580 WALNUT STREET CINCINNATI, OH 45202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	Gober, James R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2204 Lakeshore Drive Birmingham, AL 35209
TITLE D	Minor, John R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11700 Great Oaks Way Alpharetta, GA 30022
TITLE TD	Prestridge, Roger H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2204 Lakeshore Drive Birmingham, AL 35209
TITLE SD	Simon, Samuel J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2204 Lakeshore Drive Birmingham, AL 35209
TITLE D	<input type="checkbox"/> Change <input 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 **4/21/05** **972-501-8310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #