FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 4100 HARRY HINES BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F9400006320**1. Corporation Name

Principal Place of Business

4100 HARRY HINES BLVD

LEADER SPECIALTY INSURANCE COMPANY

DALLAS TE 752	19	DALLAS TE 75219 US			DO NOT WRITE IN 1	DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed	_	_		
					12/12/1994			1	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Appli	ed For	
21		26			34-1767787		Not A	Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Adee Requ		
City & State	9	City & State			6. Election Campaign Financing	\$5	.00 м	ay Be	
23		28			Trust Fund Contribution	A	dded to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year			٦	
24	25	29 30	<u> </u>		Personal Property Tax.	□Ye	s L	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent			
15.161.1	DAMOE COMMISSIONED		81	Name					
INSURANCE COMMISSIONER CAPITOL			82	82 Street Address (P.O. Box Number is Not Acceptable)					
•									
IALL	AHASSEE FL 32399-0300		83						
			84	City		FL 85	Zip Co	ode	
							ing its re	agietered	
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea dy	the corp	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	appointment	as regi	stered	
SIGNATURE					required when reinstation) DAT	-			
	Signature, typed or printed name of registered agen		13.	t signature i	required when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		ECTOR	S IN 12	
12.		ID DIRECTORS DELETE	1,1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ CI		Addition	
TITLE	PD VERNANT CENIE C	C DECEIL	1.2 NAME			_	Ū	_	
NAME	YERANT, GENE S.		1.3 STREET	ADDDECC				,	
STREET ADDRESS	4100 HARRY HINES BLVD		1.4 CITY-S		į.			ĺ	
CITY-ST-ZIP	DALLAS TE	(Å) DELETE	2.1 TITLE	I-ZIP	Assistant VP and Tréasure	ar 🗆 CI	nange	Addition Addition	
TITLE	TIOLLOWAY CTEDUANIED		2.2 NAME		P. Lance Malone	-	•	A	
NAME	HOLLOWAY, STEPHANIE D		2.3 STREET	*************	4100 Harry Hines Blvd				
STREET ADDRESS	4100 HARRY HINES BLVD		•		Dallas, Texas 75219				
CITY-ST-ZIP	DALLAS TE	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP	Dailas, ICAAS 13219	ПС	nange	Addition	
TITLE	V CTOME TOMAN	C) belette	3.2 NAME			_	•	_	
NAME	STONE, TOMMY J		3.3 STREE	, ADDDERE					
STREET ADDRESS	4100 HARRY HINES BLVD								
CITY-ST-ZIP	DALLAS TE	☐ DELETE	3.4. CITY-S 4.1 TITLE	11-ZIP		ПС	hange	Addition	
TITLE		La Vuncin	4.1 HILL			_	-	_	
NAME STREET ADDRESS			4.3 STREE	ADDRESS				i	
CITY-ST-ZIP			4.4 CITY - S						
TITLE		☐ DELETE	5.1 TITLE			□C	ange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			□c	hange	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	FADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90045 044 ***150.00