2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90243 021 ***150.00

14UU0J0U

DOCUMENT # F94000006320

1. Entity Name
LEADER SPECIALTY INSURANCE COMPANY

02012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4100 HARRY HINES BLVD DALLAS, TE 75219 US	4100 HARRY HINES BLVD DALLAS, TE 75219 US

2. Principal Place of Business	3. Mailing Address
2555 EAST 55TH PLACE	5205 N. O'CONNOR BLVD.
Suite, Apt. #, etc. SUITE 209	Suite, Apt. #, etc. SUITE 700
City & State INDIANAPOLIS, IN	City & State IRVING, TX
Zip 46220 / Country US	Zip 75039 / Country US

4. FEI Number 34-1767787 ☐ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOBER, JAMES R 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gober, James R 2204 Lakeshore Drive Birmingham, AL 35209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STONE, TOMMY J 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINER, JOHN R 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Minor, John R 11700 Great Oaks Way Alpharetta, GA 30022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRESTRIDOE, ROGER H 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Prestridge, Roger H 2204 Lakeshore Drive Birmingham, AL 35209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMON, SAMUEL J 5205 N O'CONNOR BLVD SUITE 700 IRVING, TX 75039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Simon, Samuel J 2204 Lakeshore Drive Birmingham, AL 35209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINER, JOHN R 580 WALNUT ST. CINCINNATI, OH 45202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 #