

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 13, 1996 08:00 AM
Secretary of State

DOCUMENT # 844748 (4)
1. Corporation Name
LEADER NATIONAL INSURANCE COMPANY



Principal Place of Business: **4807 ROCKSIDE RD INDEPENDENCE OH 44131**
Mailing Address: **4807 ROCKSIDE RD INDEPENDENCE OH 44131**

3. Date Incorporated or Qualified: **12/04/1979** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **34-0927698** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32302**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, STEVEN J.	
STREET ADDRESS	33640 OUTLEY PARK DRIVE	
CITY-STATE	SOLON OH	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, GERALD F.	
STREET ADDRESS	135 BRANDYWINE DR.	
CITY-STATE	HUDSON OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUSUMI, GARY	
STREET ADDRESS	4807 ROCKSIDE RD	
CITY-STATE	INDEPENDENCE OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	URANKAR, JOHN	
STREET ADDRESS	4807 ROCKSIDE DR.	
CITY-STATE	INDEPENDENCE OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WORTH, PETER	
STREET ADDRESS	4807 ROCKSIDE RD	
CITY-STATE	INDEPENDENCE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: GARY Y KUSUMI, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30 1996 216-447-1660
DATE TIME PHONE #

CR2E034 (12/95)