

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

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 44131-2140

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4100 HARRY HINES BLVD.	26 4100 HARRY HINES BLVD.	12/04/1979	02/13/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 DALLAS, TEXAS	28 DALLAS, TEXAS	34-0927698	Not Applicable
24 Zip	25 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 75219	30 75219	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
INSURANCE COMMISSIONER THE CAPITAL BLDG. TALLAHASSEE FL 32302		<input type="checkbox"/>	
10. Name and Address of New Registered Agent		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
81 Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	KUSUMI, GARY	1.2 NAME	Gene S. Verant
STREET ADDRESS	4807 ROCKSIDE RD	1.3 STREET ADDRESS	4100 Harry Hines
CITY- ST- ZIP	INDEPENDENCE OH	1.4 CITY- ST- ZIP	Dallas, TX 75219
TITLE	V	2.1 TITLE	VT
NAME	URANKAR, JOHN	2.2 NAME	Stephanie D. Holloway
STREET ADDRESS	4807 ROCKSIDE DR.	2.3 STREET ADDRESS	4100 Harry Hines Blvd.
CITY- ST- ZIP	INDEPENDENCE OH	2.4 CITY- ST- ZIP	Dallas, TX 75219
TITLE	V	3.1 TITLE	VS
NAME	WORTH, PETER	3.2 NAME	Tommy J. Stone
STREET ADDRESS	4807 ROCKSIDE RD	3.3 STREET ADDRESS	4100 Harry Hines
CITY- ST- ZIP	INDEPENDENCE OH	3.4 CITY- ST- ZIP	Dallas, TX 75219
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Gene S. Verant* DATE: 2-24-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #: 214/526-3876

CR2E034 (9/96)