

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	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
75219		75219		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
					FL

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 DATE (Daytime Phone #) 214/526-3876

CR2E034 (9/96)