FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000006320 (5)**

1. Corporation Name

LEADER SPECIALTY INSURANCE COMPANY

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

3. Date Incorporated or Qualified: **12/12/1994**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **34-1767787** ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUSUMI, GARY Y		1.2 NAME	
STREET ADDRESS	4807 ROCKSIDE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH 44131		1.4 CITY-ST-ZIP	
TITLE	VTD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, GERALD F		2.2 NAME	
STREET ADDRESS	4807 ROCKSIDE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH 44131		2.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, ROBERT W		3.2 NAME	
STREET ADDRESS	ONE E. FOURTH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	URANKAR, JOHN		4.2 NAME	
STREET ADDRESS	4807 ROCKSIDE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WORTH, PETER		5.2 NAME	
STREET ADDRESS	4807 ROCKSIDE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH		5.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES		6.2 NAME	
STREET ADDRESS	4807 ROCKSIDE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 — JAN 30 1996 — 216-447-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #