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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 # **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 44131-2140

3. Date Incorporated or Qualified: 12/12/1994	3a. Date of Last Report: 02/09/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 4100 HARRY HINES BLVD.	26 4100 HARRY HINES BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DALLAS, TEXAS	City & State 28 DALLAS, TEXAS
Zip 24 75219 / Country 25	Zip 29 75219 / Country 30

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, type/print 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	PD	☑ Change ☐ Addition
NAME	KUSUMI, GARY Y		1.2 NAME	GENE S. YERANT	
STREET ADDRESS	4807 ROCKSIDE RD.		1.3 STREET ADDRESS	4100 HARRY HINES BLVD.	
CITY-ST-ZIP	INDEPENDENCE OH 44131		1.4 CITY-ST-ZIP	DALLAS, TEXAS 75219	
TITLE	V	☑ DELETE	2.1 TITLE	VT	☑ Change ☐ Addition
NAME	URANKAR, JOHN		2.2 NAME	STEPHANIE D. HOLLOWAY	
STREET ADDRESS	4807 ROCKSIDE ROAD		2.3 STREET ADDRESS	4100 HARRY HINES BLVD.	
CITY-ST-ZIP	INDEPENDENCE OH		2.4 CITY-ST-ZIP	DALLAS, TEXAS 75219	
TITLE	V	☑ DELETE	3.1 TITLE	V	☑ Change ☐ Addition
NAME	WORTH, PETER		3.2 NAME	TOMMY J. STONE	
STREET ADDRESS	4807 ROCKSIDE RD		3.3 STREET ADDRESS	4100 HARRY HINES BLVD.	
CITY-ST-ZIP	INDEPENDENCE OH		3.4 CITY-ST-ZIP	DALLAS, TEXAS 75219	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ 2-24-97 214/526-3876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478461