

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003629

Entity Name: CORNERSTONE NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**3100 FALLING LEAF CT
STE 200
COLUMBIA, MO 65201**Current Mailing Address:**PO BOX 6040
COLUMBIA, MO 65205 US**FEI Number:** 43-1773560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VD
Name	ALLEN, DANIEL H
Address	10 MISTFLOWER PLACE
City-State-Zip:	THE WOODLANDS TX 77381

Title	VD
Name	FORREST, DAVID S
Address	4703 NEW CASTLE DR
City-State-Zip:	COLUMBIA MO 65203

Title	DC
Name	FRENCH, JAMES C
Address	4905 THORNBROOK RIDGE
City-State-Zip:	COLUMBIA MO 65203

Title	D
Name	GODFREY, JAMES JR.
Address	515 OLIVE STREET
City-State-Zip:	ST. LOUIS MO 63101

Title	D
Name	HARRISON, BRIAN G
Address	4309 MONTEPELIER PLACE
City-State-Zip:	COLUMBIA MO 65203

Title	PTD
Name	SCHMIDT, KIRK W
Address	2905 FOXDALE DR
City-State-Zip:	JEFFERSON CITY MO 65109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIRK SCHMIDT

PTD

05/13/2014

Electronic Signature of Signing Officer/Director Detail

Date