

**2015 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 FORREST, DAVID S  
Address 4703 NEW CASTLE DR  
City-State-Zip: COLUMBIA MO 65203

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

Title CD  
Name GODFREY, JAMES E JR.  
Address 12 FOXBORO ROAD  
City-State-Zip: ST. LOUIS MO 65203

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

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

Title VSD  
Name WALKER, ROGER D  
Address 1711 S. FAIRVIEW ROAD RD.  
City-State-Zip: COLUMBIA FL 65203

Title CEO, D  
Name WHEELER, WILLIAM  
Address 1560 SHINING ORE DRIVE  
City-State-Zip: BRENTWOOD TN 37027

Title D  
Name BURNAN, MICHAEL  
Address 6060 ARROWHEAD LAKE DRIVE  
City-State-Zip: COLUMBIA MO 65203

**Continues on page 2**

*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:** DAVID S. FORRESTVICE-PRESIDENT,  
DIRECTOR

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name MELAHN, LEWIS  
Address 127 E HIGH ST #A  
City-State-Zip: JEFFERSON CITY MO 65101

Title D  
Name PALMER, STEPHEN  
Address 1035 BELLEVUE AVE, SUITE 214  
City-State-Zip: ST. LOUIS MO 63117