

2017 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	CD
Name	GODFREY, JAMES E JR.
Address	12 FOXBORO ROAD
City-State-Zip:	ST. LOUIS MO 65203
Title	VSD
Name	WALKER, ROGER D
Address	1711 S. FAIRVIEW ROAD RD.
City-State-Zip:	COLUMBIA FL 65203
Title	D
Name	BURNAN, MICHAEL
Address	6060 ARROWHEAD LAKE DRIVE
City-State-Zip:	COLUMBIA MO 65203

Title	D
Name	FRENCH, JAMES C
Address	4905 THORNBROOK RIDGE
City-State-Zip:	COLUMBIA MO 65203
Title	D
Name	HARRISON, BRIAN G
Address	4309 MONTPELIER PLACE
City-State-Zip:	COLUMBIA MO 65203
Title	CEO, D
Name	WHEELER, WILLIAM
Address	1560 SHINING ORE DRIVE
City-State-Zip:	BRENTWOOD TN 37027
Title	D
Name	MELAHN, LEWIS
Address	127 E HIGH ST #A
City-State-Zip:	JEFFERSON CITY MO 65101

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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: ROGER D. WALKERSR. VICE PRESIDENT &
COO

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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