

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000003629**

1. Entity Name

**CORNERSTONE NATIONAL INSURANCE COMPANY**

Principal Place of Business

**1000 W. NIFONG BLVD., BUILDING 8, STE 200  
COLUMBIA MO 65203**

Mailing Address

**1000 W. NIFONG BLVD., BUILDING 8, STE 200  
COLUMBIA MO 65203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **43-1773560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGLAS WARREN BULLINGTON  
1300 SAWGRASS CORPORATE PARKWAY, SUITE 300  
SUNRISE FL 33323**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **DANIEL HAROLD ALLEN**  
STREET ADDRESS **2400 TOPAZ DRIVE**  
CITY-ST-ZIP **COLUMBIA MO 65203**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VTD** ☐ Delete  
NAME **GREG KENT FICK**  
STREET ADDRESS **2802 MELODY LANE**  
CITY-ST-ZIP **COLUMBIA MO 65203**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **DAVID SCOTT FORREST**  
STREET ADDRESS **605 MAPLEWOOD DRIVE**  
CITY-ST-ZIP **COLUMBIA MO 65203**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PDVC** ☐ Delete  
NAME **JAMES CARL FRENCH**  
STREET ADDRESS **5413 W. TAYSIDE CIRCLE**  
CITY-ST-ZIP **COLUMBIA MO 65203**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **JAMES EDWARD GODFREY JR.**  
STREET ADDRESS **10317 ARTHUR**  
CITY-ST-ZIP **FRONTENAC MO 63131**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BRIAN GARLAND HARRISON**  
STREET ADDRESS **4309 MONTPELIER PLACE**  
CITY-ST-ZIP **COLUMBIA MO 65203**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg K. Fick* VP *GREG K. Fick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 (573) 817-2481

Date

Daytime Phone #

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90074 003 \*\*\*150.00

**00026498**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)