

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003629

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: CORNERSTONE NATIONAL INSURANCE COMPANY

## Current Principal Place of Business:

3100 FALLING LEAF CT  
STE 200  
COLUMBIA, MO 65201

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 6040  
COLUMBIA, MO 65205

## New Mailing Address:

FEI Number: 43-1773560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAYMOND, RON  
PO BOX 6037  
FT LAUDERDALE, FL 33310 US

## Name and Address of New Registered Agent:

RAYMOND, RON  
3201 N. FEDERAL HWY.  
FT LAUDERDALE, FL 33310 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:

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: DANIEL HAROLD ALLEN,  
Address: 5800 E. EAGLE TRACE  
City-St-Zip: HARTSBURG, MO 65039 US

Title: VTD (X) Delete  
Name: GREG KENT FICK,  
Address: 2802 MELODY LANE  
City-St-Zip: COLUMBIA, MO 65203 US

Title: VD ( ) Delete  
Name: DAVID SCOTT FORREST,  
Address: 4703 NEW CASTLE DR  
City-St-Zip: COLUMBIA, MO 65203 US

Title: PDVC ( ) Delete  
Name: JAMES CARL FRENCH,  
Address: 5413 W. TAYSIDE CIRCLE  
City-St-Zip: COLUMBIA, MO 65203 US

Title: D ( ) Delete  
Name: JAMES EDWARD GODFREY, JR.  
Address: 12 FOXBORO RD.  
City-St-Zip: ST. LOUIS, MO 63124 US

Title: D ( ) Delete  
Name: BRIAN GARLAND HARRIS, ON  
Address: 4309 MONTPELIER PLACE  
City-St-Zip: COLUMBIA, MO 65203 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: DANIEL HAROLD ALLEN,  
Address: 3607 JUNIPER HILLS STREET  
City-St-Zip: CEDAR PARK, TX 78613 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES C. FRENCH

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date