

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003629

FILED
Mar 27, 2008
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:

3100 FALLING LEAF CT
STE 200
COLUMBIA, MO 65201 US

Current Mailing Address:

PO BOX 6040
COLUMBIA, MO 65205

New Mailing Address:

PO BOX 6040
COLUMBIA, MO 65205 US

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
3201 N. FEDERAL HWY.
FT LAUDERDALE, FL 33310 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

03/27/2008

Electronic Signature of Signing Officer or Director

Date