

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 & State

City & 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	VTD	☐ Delete
NAME	GREG KENT FICK	
STREET ADDRESS	2802 MELODY LANE	
CITY-ST-ZIP	COLUMBIA MO 65203	
TITLE	VD	☐ Delete
NAME	DAVID SCOTT FORREST	
STREET ADDRESS	605 MAPLEWOOD DRIVE	
CITY-ST-ZIP	COLUMBIA MO 65203	
TITLE	PDVC	☐ Delete
NAME	JAMES CARL FRENCH	
STREET ADDRESS	5413 W. TAYSIDE CIRCLE	
CITY-ST-ZIP	COLUMBIA MO 65203	
TITLE	D	☐ Delete
NAME	JAMES EDWARD GODFREY JR.	
STREET ADDRESS	10317 ARTHUR	
CITY-ST-ZIP	FRONTENAC MO 63131	
TITLE	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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)