2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# F00000003629

Entity Name: CORNERSTONE NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

3100 FALLING LEAF CT
STE 200
COLUMBIA, MO 65201 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6040
COLUMBIA, MO 65205 US

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
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

OFFICERS AND DIRECTORS:

Title: VD
Name: ALLEN, DANIEL H
Address: 10 MISTFLOWER PLACE
City-St-Zip: THE WOODLANDS, TX 77381 US

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

Title: DC
Name: FRENCH, JAMES C
Address: 4905 THORNBROOK RIDGE
City-St-Zip: COLUMBIA, MO 65203 US

Title: D
Name: GODFREY, JAMES JR.
Address: 515 OLIVE STREET
City-St-Zip: ST. LOUIS, MO 63101 US

Title: D
Name: HARRISON, BRIAN G
Address: 4309 MONTPELIER PLACE
City-St-Zip: COLUMBIA, MO 65203 US

Title: PTD
Name: SCHMIDT, KIRK W
Address: 2905 FOXDALE DR
City-St-Zip: JEFFERSON CITY, MO 65109 US

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: KIRK SCHMIDT PRES 04/28/2011

Electronic Signature of Signing Officer or Director Date