

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000020096

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC7920835147**

**Entity Name:** CORNERSTONE ASSURANCE GROUP, INC.

**Current Principal Place of Business:**

22333 CLASSIC COURT  
LAKE BARRINGTON, IL 60010

**Current Mailing Address:**

22333 CLASSIC COURT  
LAKE BARRINGTON , IL 60010 US

**FEI Number:** 71-0997632

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONETARY MANAGEMENT SYSTEMS, INC.  
39 MAPLE AVE  
SHALIMAR, FL 32579 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALEY, ANDREW H  
Address        490 E IL ROUTE 22  
City-State-Zip: NORTH BARRINGTON IL 60010

Title            VP  
Name            HALEY, EDWARD P  
Address        8 HAWTHORNE GROVE CIRCLE  
City-State-Zip: HAWTHORNE WOODS IL 60047

Title            VP  
Name            HALEY, JOHN Q  
Address        22333 CLASSIC COURT  
City-State-Zip: LAKE BARRINGTON IL 60010

*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:** ANDREW HALEY

**PRESIDENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date