

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020096

Entity Name: CORNERSTONE ASSURANCE GROUP, INC.**Current Principal Place of Business:**28160 W. NORTHWEST HIGHWAY
SUITE 203
LAKE BARRINGTON, IL 60010**Current Mailing Address:**28160 W. NORTHWEST HIGHWAY
SUITE 203
LAKE BARRINGTON, IL 60010 US**FEI Number:** 71-0997632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** CHRIS RICKARD, ASSISTANT SECRETARY

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HALEY, ANDREW H
Address	28160 W. NORTHWEST HIGHWAY SUITE 203
City-State-Zip:	LAKE BARRINGTON IL 60010

Title	VP
Name	HALEY, EDWARD P
Address	28160 W. NORTHWEST HIGHWAY SUITE 203
City-State-Zip:	LAKE BARRINGTON IL 60010

Title	DIRECTOR
Name	TRACE, DAVID
Address	28160 W. NORTHWEST HIGHWAY SUITE 203
City-State-Zip:	LAKE BARRINGTON IL 60010

Title	DIRECTOR
Name	FIFE, JEREMY
Address	28160 W. NORTHWEST HIGHWAY SUITE 203
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 H HALEY

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date