

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020096

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	22333 CLASSIC COURT
City-State-Zip:	LAKE BARRINGTON IL 60010

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

Title	SEC
Name	DUGGAN, PATRICK
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****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date