

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01161 (9)

1. Corporation Name

FOREMOST SIGNATURE INSURANCE COMPANY



Principal Place of Business

Mailing Address

5600 BEECH TREE LANE
P.O. BOX 2450
GRAND RAPIDS MI 49501

5600 BEECH TREE LANE
P.O. BOX 2450
GRAND RAPIDS MI 49501

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1984

3a. Date of Last Report

02/22/1995

4. FEI Number

38-2430150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
ORANGE, LARRY J.
5600 BEECH TREE DRIVE
CALEDONIA MI
V
BOSHoven, STEPHEN J.
5600 BEECH TREE LANE
CALEDONIA MI
PD
ANTONINI, RICHARD L.
5600 BEECH TREE LANE
CALEDONIA MI
V
SHIPMAN, ROBERT W
5600 BEECH TREE LANE
CALEDONIA MI
VTD
WOUDSTRA, F. ROBERT
5600 BEECH TREE LANE
CALEDONIA MI
V
BROWN, ROBERT J.
5600 BEECH TREE LANE
CALEDONIA MI

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

F. Robert Woudstra

F. ROBERT WOUDSTRA, TREAS. 02/14/96 (616) 956-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (12/95)

FOREMOST SIGNATURE INSURANCE COMPANY

Additional Officers & Directors

<u>TITLE</u>		<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
D	GLEASON, THOMAS D.	325 LAKESIDE DR.	GRAND RAPIDS, MI
D	PARINI, JOSEPH A.	2735 LAKE DR SE	GRAND RAPIDS, MI
D	RAIVES, ROBERT M.	575 MADISON AVE.	NEW YORK, NY
V	HANNIGAN, JOHN J.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	HEATHERLY, DAVID A.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	TROUTMAN, EDWARD L.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	SPRATLIN, REBECCA W.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V/S/D	YARED PAUL D.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	EDWARDS, THOMAS C.	ONE CALVIN COURT	ORINDA CA
V	JOHNSON, JOHN E.	5600 BEECH TREE LANE	CALEDONIA, MI
V	JOYNER, RONNIE L.	5600 BEECH TREE LANE	CALEDONIA, MI
V	SHATTUCK, GEORGE H.	5600 BEECH TREE LANE	CALEDONIA, MI
V	VIAR, KENNETH H.	5600 BEECH TREE LANE	CALEDONIA, MI
C	HAINES, KENNETH C.	5600 BEECH TREE LANE	CALEDONIA, MI
AVP	KELLY, DAVID J.	5600 BEECH TREE LANE	CALEDONIA, MI
AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI