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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90043 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01161

1. Corporation Name

FOREMOST SIGNATURE INSURANCE COMPANY

Principal Place of Business

5600 BEECH TREE LANE
CALEDONIA MI 49316
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1984

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE


12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORANGE, LARRY J.	
STREET ADDRESS	5600 BEECH TREE DRIVE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOSHOVEN, STEPHEN J.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANTONINI, RICHARD L.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TROUTMAN, EDWARD L.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WOUDESTRA, F. ROBERT	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT J.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  KENNETH C. HAINES-CONTROLLER 02/22/99 (616) 956-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

254270-90043-47
P01161

FOREMOST SIGNATURE INSURANCE COMPANY

Additional Officers & Directors

<u>TITLE</u>		<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
D	CANEPA, JOHN C.	3022 HALL ST NE	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	TRUEL, NANCY H.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	COLLINS, DONALD M.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	DOMPIERRE, J. ROBERT	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	MCLANE, CYNTHIA A.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V/S/D	YARED PAUL D.	5600 BEECH TREE DRIVE	CALEDONIA, MI
V	JOHNSON, JOHN E.	5600 BEECH TREE LANE	CALEDONIA, MI
V	JOYNER, RONNIE L.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BROWN, MARTIN R.	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