

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01161 1. Entity Name FOREMOST SIGNATURE INSURANCE COMPANY	
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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
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2430150	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JOHN E 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSHOVEN, STEPHEN J. 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HANNIGAN, JOHN J 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROUTMAN, EDWARD L. 5600 BEECH TREE LANE CALEDONIA, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOUDSTRA, F. ROBERT 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC BROWN, MARTIN R 5600 BEECH TREE LANE CALEDONIA, MI 49316

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03/17/06-80051-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey L Pepper Jeffrey L Pepper, Treasurer 2-28-06 (616) 956-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #