


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90007 006 ***550.00

DOCUMENT # P01161					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-2430150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, JEFFREY L		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V/D/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSHOVEN, STEPHEN J.		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNIGAN, JOHN J		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUTMAN, EDWARD L.		NAME	Treul, Nancy H	
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS	5600 Beech Tree Lane	
CITY-ST-ZIP	CALEDONIA, MI		CITY-ST-ZIP	Caledonia, MI 49316	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOUDSTRA, F. ROBERT		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	VSGC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARTIN R		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
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 empowered, with all other like empowered.					
SIGNATURE: <i>Jeffrey L Pepper</i>		Jeffrey L Pepper 05-08-08 (616) 956-3750			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	