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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01161 (9)
1. Corporation Name
FOREMOST SIGNATURE INSURANCE COMPANY

Principal Place of Business 5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501	Mailing Address 5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1984	
4. FEI Number 38-2430150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 5600 BEECH TREE LANE	26	Suite, Apt. #, etc.	
22 Suite, Apt. #, etc.	27	City & State	
23 CALEDONIA MI	28	Zip	
24 49316	25 USA	29	Country

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	
		85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORANGE, LARRY J.	1.2 NAME	
STREET ADDRESS	5600 BEECH TREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSHoven, STEPHEN J.	2.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINI, RICHARD L.	3.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPMAN, ROBERT W	4.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woudstra, F. ROBERT	5.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT J.	6.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	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.

SIGNATURE: **X** **SIGNATURE REQUIRED** KENNETH C. HAINES
CONTROLLER 01/23/98 (616) 956-3750

CR2E034 (10/97)

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	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.	6 CRICKET HILL	LAFAYETTE, CA
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