2005 FOR PROFIT CORPORATION ANNUAL REPORT

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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

FILED Mar 09, 2005 8:00 am Secretary of State

03-09-2005 90037 039 ***150.00

50023963



02242005

No Chg-P

CR2E034 (10/03)

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

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						•	• *		
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 epplicable. (NOTE: Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib	_	\$5.00 May Be- Added to Fees	-				
10. OFFICERS AND DIRECTORS				:	-				
TITLE	VD								
NAME	JOHNSON, JOHN E					. لوړ			
STREET ADDRESS	5600 BEECH TREE LANE			* **					

CITY-ST-ZIP CALEDONIA, MI 49316 VD TITLE BOSHOVEN, STEPHEN J./ NAME STREET ADDRESS 5600 BEECH TREE LANE CITY-ST-7IP CALEDONIA, MI 49316 TITLE NAME HANNIGAN, JOHN J / STREET ADDRESS 5600 BEECH TREE LANE CITY-ST-ZIP CALEDONIA, MI 49316 TITLE NAME TROUTMAN, EDWARD L. 5600 BEECH TREE LANE STREET ADDRESS CITY-ST-ZIP CALEDONIA, MI TITLE WOUDSTRA, F. ROBERT / NAME STREET ADDRESS 5600 BEECH TREE LANE CITY-ST-ZIP CALEDONIA, MI 49316 TITLE VSGC BROWN, MARTIN R NAME 5600 BEECH TREE LANE STREET ADDRESS CITY-ST-ZIP CALEDONIA, MI 49316

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12. 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 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:

ENTITION AND TYPED OR PONED NAME OF

Jeffrey L Pepper, Treasurer 2-25-05 (616) 956-375

Date

Daytime Phone #

<u>Foremost Signature Insurance Company</u> Additional Officers & Directors

<u>Title</u>	Name ' '
V	Katz, Jason L
V	Mc Lane, Cynthia A
V	Pesseti, Michael J
AVP	Mc Daniel, Lynn
AVP	Kelly, David J
AS	Hohl, Doren E
AT	Myhan, Ronald G
AT	Mountz, Hubert L
V	Joyner, Ronnie L
VD	Treul, Nancy H
VD	Feinstein, Martin D
V	Hopkins, Paul N
T	Pepper, Jeffrey L
VD	Smith, Stanley R

ATTACHMENT 50023965

Street Adress	City, State
4680 Wilshire Blvd	Los Angeles, CA
5600 Beech Tree Lane	Caledonia, MI
5600 Beech Tree Lane	Caledonia, MI
5600 Beech Tree Lane	Caledonia, MI
5600 Beech Tree Lane	Caledonia, MI
4680 Wilshire Blvd	Los Angeles, CA
4680 Wilshire Blvd	Los Angeles, CA
4680 Wilshire Blvd	Los Angeles, CA
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