

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848708

FILED
Apr 01, 2011
Secretary of State

Entity Name: FOREMOST AFFILIATED INSURANCE SERVICES, INC.

Current Principal Place of Business:

5600 BEECH TREE LANE
GRAND RAPIDS, MI 49316 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2450
GRAND RAPIDS, MI 49501

New Mailing Address:

FEI Number: 38-2336672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: PEPPER, JEFFERY L
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: V
Name: JOYNER, RONNIE L
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: PD
Name: WOULDSTRA, ROBERT F
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: VD
Name: HANNIGAN, JOHN J
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: VD
Name: BOSHoven, STEPHEN J
Address: 5600 BEECH TREE LN
City-St-Zip: CALEDONIA, MI 49316

Title: D
Name: TREUL, NANCY H
Address: 5600 BEECH TREE LANE
City-St-Zip: GRAND RAPIDS, MI 49501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY L PEPPER

T

04/01/2011

Electronic Signature of Signing Officer or Director

Date