

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01161

Entity Name: FOREMOST SIGNATURE INSURANCE COMPANY

Current Principal Place of Business:

5600 BEECH TREE LANE
CALEDONIA, MI 49316

Current Mailing Address:

P.O. BOX 2450
GRAND RAPIDS, MI 49501

FEI Number: 38-2430150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title T, AVP
Name GRETCHEN, BARNES L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title P, D, COO
Name COK, MICHAEL J
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP
Name NOH, THOMAS S
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name HOHL, DOREN E
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER
Name LANGFORD, MICHAEL J
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name MCCARTHY, VICTORIA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name SADLER, ROBERT D
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name MARRONE, RONALD L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Continues on page 2

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: GRETCHEN L. BARNES

TREASURER

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BAUR, MAITE I
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name GILDMEISTER, ALAN R
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91637

Title VP
Name HOWARD, ROBERT P
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title SECRETARY
Name POPP, MAURA C
Address 3 BEAVER VALLEY RD
City-State-Zip: WILLMINGTON DE 19803

Title DIRECTOR
Name DASILVA, JULIO A
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name MARTIN, GARY R
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name RANDALL, KEVIN E
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316