

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 040 ***150.00

DOCUMENT # 809988

1. Entity Name
FOREMOST INSURANCE COMPANY



Principal Place of Business Mailing Address

5600 BEECH TREE LANE **P.O. BOX 2450**
CALEDONIA, MI 49316 US **ATTENTION TAX DEPT**
GRAND RAPIDS, MI 49501 US


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00000000



03022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

38-1407533 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits the 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TREUL, NANCY H	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA, MI 49316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANNIGAN, JOHN J.	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA, MI	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOHN E	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA, MI 49316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOUNDSTRA, F ROBERTY	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA, MI 49316	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEPPER, JEFFREY L	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY-ST-ZIP	CALEDONIA, MI 49316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boshoven, Stephen J	
STREET ADDRESS	5600 Beech Tree Lane	
CITY-ST-ZIP	Caledonia, MI 49316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE: *Jeffrey L Pepper* **Jeffrey L Pepper** **3-15-2007** **(616) 956-3750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #