

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:08

DOCUMENT # 825651

(3)

1. Corporation Name

FOREMOST LIFE 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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1971

3a. Date of Last Report

02/02/1994

4. FEI Number

38-1843471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS  
NAME YARED, PAUL D  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME WOULDSTRA, F ROBERT  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE C  
NAME COX, W. BRIAN  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME ANTONINI, R L  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME HEATHERLY, DAVID A.  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

V/D

XX Change ☐ Addition

TITLE V  
NAME HANNIGAN, JOHN J.  
STREET ADDRESS 5600 BEECH TREE LANE  
CITY-ST-ZIP CALEDONIA MI

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

V/D

XX Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

W. BRIAN COX - CONTROLLER

02/01/95

(616) 956-3750

Date

Daytime Phone #

**FOREMOST LIFE INSURANCE COMPANY**

**Additional Officers & Directors**

| TITLE | NAME                | STREET ADDRESS       | CITY, STATE      |
|-------|---------------------|----------------------|------------------|
| D     | ORANGE, LARRY J.    | 5600 BEECH TREE LANE | CALEDONIA, MI    |
| D     | PARINI, JOSEPH A.   | 2735 LAKE DRIVE      | GRAND RAPIDS, MI |
| V     | VALDEZ, JAMES J.    | 5600 BEECH TREE LANE | CALEDONIA, MI    |
| AT    | WELSH, DONALD D.    | 5600 BEECH TREE LANE | CALEDONIA, MI    |
| V     | BOSHOVEN, STEPHEN J | 5600 BEECH TREE LANE | CALEDONIA, MI    |
| V     | SHIPMAN, ROBERT J.  | 5600 BEECH TREE LANE | CALEDONIA, MI    |