

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P26212** (1)  
1. Corporation Name  
**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**5600 BEECH TREE LANE**  
**P.O. BOX 2450**  
**GRAND RAPIDS MI 49501**

3. Date Incorporated or Qualified **09/28/1989** 3a. Date of Last Report **02/22/1995**  
4. FEI Number **35-1604635** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

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 state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONINI, RICHARD L.	1.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPMAN, ROBERT J.	2.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	2.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARED, PAUL D.	3.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	3.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOUDSTRA, F. ROBERT	4.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHERLY, DAVID A.	5.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	5.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORANGE, LARRY J.	6.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CALEDONIA MI	6.4 CITY - ST - ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. ROBERT WOUDSTRA, TREAS. 02/14/96 (616) 956-3750

Date

Daytime Phone #

CR2E034 (12/95)

FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

## Additional Officers &amp; Directors

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
D/V	HANNIGAN, JOHN J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BOSHOVEN, STEPHEN J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	TROUTMAN, EDWARD L.	5600 BEECH TREE LANE	CALEDONIA, MI
V	SPRATLIN, REBECCA W.	5600 BEECH TREE LANE	CALEDONIA, MI
V	DAVID, JOSEPH G.	5600 BEECH TREE LANE	CALEDONIA, MI
V	JOHNSON, JOHN E.	5600 BEECH TREE LANE	CALEDONIA, MI
C	HAINES, KENNETH C.	5600 BEECH TREE LANE	CALEDONIA, MI
AV	KELLY, DAVID J.	5600 BEECH TREE LANE	CALEDONIA, MI
AV	PESSETTI, MICHAEL J.	5600 BEECH TREE LANE	CALEDONIA, MI
AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI
D	THOMAS, W.G.	5600 BEECH TREE LANE	CALEDONIA, MI