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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90043 046 \*\*\*150.00

**\*PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P26212**

1. Corporation Name

**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5600 BEECH TREE LANE  
GRAND RAPIDS MI 49316  
US**

**5600 BEECH TREE LANE  
P.O. BOX 2450  
GRAND RAPIDS MI 49601**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

3. Date Incorporated or Qualified

**09/28/1989**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ANTONINI, RICHARD L.	5600 BEECH TREE LANE	CALEDONIA MI	<input type="checkbox"/>
VSD	YARED, PAUL D.	5600 BEECH TREE LANE	CALEDONIA MI	<input type="checkbox"/>
VTD	WOUDSTRA, F. ROBERT	5600 BEECH TREE LANE	CALEDONIA MI	<input type="checkbox"/>
VD	HEATHERLY, DAVID A.	5600 BEECH TREE LANE	CALEDONIA MI	<input type="checkbox"/>
DV	ORANGE, LARRY J.	5600 BEECH TREE LANE	CALEDONIA MI	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED: HAINES-CONTROLLER 02/22/99 (616) 956-3750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

254269-9001346  
P2612

FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Additional Officers & 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
D/V	BOSHOVEN, STEPHEN J.	5600 BEECH TREE LANE	CALEDONIA, MI
V	TROUTMAN, EDWARD L.	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
V/AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI
V	TREUL, NANCIE H.	5600 BEECH TREE LANE	CALEDONIA, MI
V	BROWN, MARTIN R.	5600 BEECH TREE LANE	CALEDONIA, MI
V	DOMPIERRE, J. ROBERT	5600 BEECH TREE LANE	CALEDONIA, MI
V	MC LANE, CYNTHIA A.	5600 BEECH TREE LANE	CALEDONIA, MI
V	COLLINS, DONALD M.	5600 BEECH TREE LANE	CALEDONIA, MI