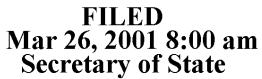
### **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P26212 1. Entity Name

#### FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business 5600 BEECH TREE LANE GRAND RAPIDS MI 49316 Mailing Address

5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501



03-26-2001 90023 039 \*\*\*150.00

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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SF	ACE		
City & State			City & State			4.	FEI Number 35-1604635	<u> </u>		plied For t Applicable	
Zìp		Country	Zip	Co	untry	5. Certificate of Status Desired \$8.75 Add Fee Required					
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
					Name						
INSURANCE COMMISSIONER						Street Address (P.O. Box Number is Not Acceptable)					
THE CAPITOL											
TALL	ahassee f	L 32301									
				Cit				FL	Zip Code	•	
2 The shows	named entity	cultimite this statement for	or the nurnoed of cha	unging ite regiet	orad office or	ragistared as	gent, or both, in the State of Flo	rida	<del>1</del>		
b. The above	nameu enuty	Submits into statement it	or the purpose of cha	inging its regist	erea office of	registered at	gent, or both, in the State of Flo	nua.		}	
SIGNATURE .	Signature broad	or printed name of registered agent	and title if applicable	(NOTE: Pagin	prod Agent cionate	Ife required when r	einstation)	DATE			
	Oignature, typod	or prince hand or registered agent	по на присово	(140 TC: Flagsat	alou Agent signate	and required which	T				
	_	ble to satisfy its Intangible	i i	NOW!!! FE	•	1 30 Election Lambaign Einancing WE 1911 March			n May Ba		
		and elects to do so.		After MAY 1, 2001 Fee will be \$550.00			Trust Fund Contribution			to Fees	
(See criter	ia on back)		Make Chec	Make Check Payable to Department of St						ļ	
11. OFFICERS AND DIRECTORS			DIRECTORS	1	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
TITLE	PCED		X De	elete	ITLE	P/D			☐ Change	Addition	
NAME		, RICHARD L.			AME	/					
STREET ADDRESS		*****		TREET ADDRESS		4680 Wilshire Blvd					
CITY-ST-ZIP	CALEDON	<u>ia mi</u>		C	ITY-ST-ZIP		geles CA 90010				
TITLE	VSD		🔀 De	elete Ti	ITLE	EV /D Change		☐ Change	X Addition		
NAME	YARED, PA			N.	AME	Hannigan, John J					
STREET ADDRESS		CH TREE LANE			TREET ADDRESS		5600 Beech Tree Lane				
CITY-ST-ZIP	CALEDON	<u>IA MI</u>		C	ITY-ST-ZIP		Caledonia, MI 49316				
TITLE	CPD		□ De	elete TI	ITLE	COO/CFO/D		Addition			
NAME		ia, f. robert		, N	AME					Ì	
STREET ADDRESS		CH TREE LANE		S'	TREET ADDRESS						
= CITY-SŢ_ZIP	CALEDON	<del>                                     </del>	ري مر ۱۹ م <u>سيا</u> ي	C	ITY-ST-ZIP		<u> برجد ده هر دیست د</u>	<u> </u>			
TITLE	VD		🗓 De	lete T	ITLE	V/S/GC			☐ Change	X Addition	
NAME		Y, DAVID A.		1	AME		Martin R				
STREET ADDRESS		CH TREE LANE			TREET ADDRESS		eech Tree Lane				
CITY-ST-ZIP	CALEDON	<u>A MI</u>		C	ITY-ST-ZIP	Caledo	nia, MI 49316				
TITLE	DV		X De	lete TI	ITLE	T			🔲 Change	X Addition	
NAME	ORANGE,				AME		, Jeffrey L				
STREET ADDRESS		CH TREE LANE			TREET ADDRESS	5600 Beech Tree Lane					
CITY-ST-ZIP	CALEDON	<u>a mi</u>		C	ITY-ST-ZIP		nia, MI 49316				
TITLE			□ De	lete Ti	ITLE	AT			☐ Change	X Addition	
NAME					AME		, Hubert L				
STREET ADDRESS					TREET ADDRESS		ilshire Blvd				
CITY-ST-ZIP				C	ITY-ST-ZIP	Los Ang	geles CA 90010	<u></u>			
13. Thereby o	ertify that the	information supplied with	this filing does not d	nualify for the ex	vemotion stat	ed in Section	119.07(3)(i) Florida Statutes I	further certif	v that the in	formation 7	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE OF TVETO OF PROSE NAME OF SIGN

Jeffrey L Pepper, Treasurer 3-14-01

(616) 956-3750

Date

Daytime Phone #

# Foremost Property & Casualty Insurance Company Additional Officers & Directors

### Downert# P26212

<b>Title</b>	<u>Name</u>	Street Adress	City. State
V/D	Boshoven, Stephen J	5600 Beech Tree Lane	Caledonia, MI
V	Johnson, John E	5600 Beech Tree Lane	Caledonia, MI
V/D	Treul, Nancy H	5600 Beech Tree Lane	Caledonia, MI
V	Troutman, Edward L	5600 Beech Tree Lane	Caledonia, MI
V	Collins, Donald M	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	Pessetti, Michael J	5600 Beech Tree Lane	Caledonia, MI
V/D	Smith, Stanley R	4680 Wilshire Blvd	Los Angeles, CA
AVP	Kelly, David J	5600 Beech Tree Lane	Caledonia, MI
V/D	Feinstein, Martin D	4680 Wilshire Blvd	Los Angeles, CA
V	Katz, Jason L	4680 Wilshire Blvd	Los Angeles, CA
V/AT	Faulwell, Gerald E	4680 Wilshire Blvd	Los Angeles, CA
AT	Bassolino, Ronald	4680 Wilshire Blvd	Los Angeles, CA
AS -	Duguay, Paul A	4680 Wilshire Blvd	Los Angeles, CA
AS	Hohl, Doren E	4680 Wilshire Blvd	Los Angeles, CA
D	Siegfried, Carole L	4680 Wilshire Blvd	Los Angeles, CA