2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Mar 09, 2005 8:00 am Secretary of State

03-09-2005 90037 040 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 35-1604635 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

DC) N(OT	WF	RITE
IN	ΤH	IS	SPA	(CE

8. The above named entity submits this statement for the pathe obligations of registered agent.	urpose of changing its registered office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE					
FILE NOWILL FEE IS \$150.00 ——————————————————————————————————	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				

i	•••••••••••••••••••••••••••••••••••••••	
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DOSHOVEN, STEPHEN J 5600 BEECH TREE LANE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/D HANNIGAN, JOHN J / 5600 BEECH TREE LANE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOUDSTRA, F. ROBERT / 5600 BEECH TREE LANE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC BROWN, MARTIN R < 5600 BEECH TREE LANE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T PEPPER, JEFFREY L 5600 BEECH TREE LANE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOUNTZ, HUBERT L 4680 WILSHIRE BLVD LOS ANGELES, CA 90010	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:X	effor	Lean		Treasurer	2-25-05	(616)	956-3750
	DIGNATING AND T	YPED OR SEED NAME OF SIGNING OFF	ICER OR DIRECTOR	Date		Daytime Pl	none #

<u>Foremost Property & Casualty Insurance Company</u> Additional Officers & Directors

<u>Title</u>	Name	Street Adress	City, State
V	Katz, Jason L	4680 Wilshire Blvd	Los Angeles, CA
V	Mc Lane, Cynthia A	5600 Beech Tree Lane	Caledonia, MI
V	Pessetti, Michael J	5600 Beech Tree Lane	Caledonia, MI
AVP	Kelly, David J	5600 Beech Tree Lane	Caledonia, MI
AS	Hohl, Doren E	4680 Wilshire Blvd	Los Angeles, CA
AVP	Mc Daniel, Lynn	5600 Beech Tree Lane	Caledonia, MI
AT	Myhan, Ronald G	4680 Wilshire Blvd	Los Angeles, CA
V/D	Smith, Stanley R	4680 Wilshire Blvd	Los Angeles, CA
VD	Johnson, John E	5600 Beech Tree Lane	Caledonia, MI
VD	Treul, Nancy H	5600 Beech Tree Lane	Caledonia, MI
V	Troutman, Edward L	5600 Beech Tree Lane	Caledonia, MI
V	Hopkins, Paul N	4680 Wilshire Blvd	Los Angeles, CA
VAT	Wauthier, Pierre C	4680 Wilshire Blvd	Los Angeles, CA
VD	Feinstein, Martin D	4680 Wilshire Blvd	Los Angeles, CA