



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90007 005 ***550.00

DOCUMENT # P26212 1. Entity Name FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY					
Principal Place of Business 5600 BEECH TREE LANE GRAND RAPIDS, MI 49316 US			Mailing Address 5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS, MI 49501		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSHOVEN, STEPHEN J		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	EVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNIGAN, JOHN J		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOUDSTRA, F. ROBERT		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	VSGC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARTIN R		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T/V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEPPER, JEFFREY L		NAME		
STREET ADDRESS	5600 BEECH TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, MI 49316		CITY-ST-ZIP		
TITLE	AT <input checked="" type="checkbox"/> Delete		TITLE	V/COO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOUNTZ, HUBERT L		NAME	Boshoven, Stephen J	
STREET ADDRESS	4680 WILSHIRE BLVD		STREET ADDRESS	5600 Beech Tree Lane	
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP	Caledonia, MI 49316	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			Jeffrey L Pepper 05-08-08 (616) 956-3750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		