

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26212

FILED
Apr 30, 2012
Secretary of State

Entity Name: FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

5600 BEECH TREE LANE
GRAND RAPIDS, MI 49316 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2450
GRAND RAPIDS, MI 49501

New Mailing Address:

FEI Number: 35-1604635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOSHOVEN, STEPHEN J
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: VPD
Name: MYHAN, RONALD G
Address: 4680 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90010

Title: VP
Name: WOULDSTRA, F. ROBERT
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: SVGC
Name: BROWN, MARTIN R
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: TVP
Name: PEPPER, JEFFREY L
Address: 5600 BEECH TREE LANE
City-St-Zip: CALEDONIA, MI 49316

Title: AT
Name: MORRIS, ANTHONY J
Address: 4680 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY L PEPPER

TVP

04/30/2012

Electronic Signature of Signing Officer or Director

Date