

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809988

Entity Name: FOREMOST INSURANCE COMPANY**Current Principal Place of Business:**5600 BEECH TREE LANE
CALEDONIA, MI 49316**Current Mailing Address:**P.O. BOX 2450
ATTENTION TAX DEPT
GRAND RAPIDS, MI 49501 US**FEI Number:** 38-1407533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title P, D
Name BOSHoven, STEPHEN J
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP, S, GEN COUNSEL
Name BROWN, MARTIN R
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI

Title T, AVP
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP
Name MYHAN, RONALD G
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 6642 SHENANDOAH AVE
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR
Name RODRIGUEZ, DONALD E
Address 3635 LONG BEACH BLVD
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA SUITE 106
City-State-Zip: ARCADIA CA 91006

Title DIRECTOR
Name MARRONE, RONALD L
Address 800 E 14TH ST
City-State-Zip: PITTSBURG KS 66762

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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**TREASURER****01/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name COK, MICHAEL J
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP
Name MCCARTHY, VICTORIA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name WILLIAMS, KARYN L
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR
Name JACKSON, GAIL N
Address 7763 VERAGUA DR
City-State-Zip: PLAYA DEL REY CA 90293

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA
SUITE 106
City-State-Zip: ARCADIA CA 91006

Title VP
Name DALY, KEITH G
Address 31051 AGOURA RD
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title VP
Name SADLER, ROBERT D
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name BROWN, THOMAS D
Address 2525 E EUCLID
#214
City-State-Zip: DES MOINES IA 50317

Title DIRECTOR
Name SCOTT, JANICE S
Address 3427 DEER PARK DR
SUITE #C
City-State-Zip: STOCKTON CA 95219