

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828039

Entity Name: WESTERN STAR INSURANCE SERVICES, INC.**Current Principal Place of Business:**5600 BEECH TREE LANE
CALEDONIA, MI 49316**Current Mailing Address:**TAX DEPARTMENT
PO BOX 2450
GRAND RAPIDS, MI 49501 US**FEI Number:** 74-1593853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 COK, MICHAEL J
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

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

Title VP, D
Name ROBSON, RANDALL
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49501

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

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

Title AT
Name MORRIS, ANTHONY J
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title VP
Name MYHAN, RONALD G
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

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

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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****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name SWOPE, JIM W
Address 15700 LONG VISTA DR
City-State-Zip: AUTIN TX 78728

Title DIRECTOR
Name BARNES, GRETCHEN L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name RANDALL, KEVIN E
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316