

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828414

Entity Name: FOREMOST FINANCIAL SERVICES CORPORATION**Current Principal Place of Business:**5600 BEECH TREE DRIVE
CALEDONIA, MI 49316**Current Mailing Address:**TAX DEPARTMENT
PO BOX 2450
GRAND RAPIDS, MI 49501-2450 US**FEI Number:** 73-0462770**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	T, AVP
Name	PEPPER, JEFFREY L
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

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

Title	AS
Name	HOHL, DOREN E
Address	4680 WILSHIRE BLVD
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	P, D
Name	BOSHOVEN, STEPHEN J
Address	5600 BCH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	VP, D
Name	MYHAN, RONALD G
Address	4680 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

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

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

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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****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 800 N BRAND BLVD
City-State-Zip: GLENDALE CA 91203

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