2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2017
Secretary of State
CC4615382917

DOCUMENT# P05735

Entity Name: FOREMOST EXPRESS INSURANCE AGENCY, 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: 38-2505922

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

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

Title	AS
Name	HOHL, DOREN E
Address	6301 OWENSMOUTH AVE
City-State-Zip:	WOODLAND HILLS CA 91367

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

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

Title	S
Name	BROWN, MARTIN R
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	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 01/06/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ACEVEDO, GISSELLE M
Address	147 FOX RUN RD
City-State-Zip:	NEW CANAAN CT 06840

Title	VP
Name	BAUR, MAITE I
Address	4750 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010