

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26212

Entity Name: FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**5600 BEECH TREE LANE
GRAND RAPIDS, MI 49316**Current Mailing Address:**PO BOX 2450
GRAND RAPIDS, MI 49501**FEI Number:** 35-1604635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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, D
Name MYHAN, RONALD G
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title VP
Name TREUL, NANCY H
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

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

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

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

Title DIRECTOR
Name MARTIN, GARY R
Address 2001 S JONES BLVD SUITE D
City-State-Zip: LAS VEGAS NV 89146

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

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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****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name KAPLAN, PETER D
Address 9711 ST IVES DR
City-State-Zip: LOS ANGELES CA 90069