

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 12 PM 12: 16

DOCUMENT # 813800 (0)
 1. Corporation Name
THE CHURCH INSURANCE COMPANY

Principal Place of Business Mailing Address
 800 SECOND AVENUE 800 SECOND AVENUE
 NEW YORK, N Y 10017 NEW YORK, N Y 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1959** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **13-6104559** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **445 Fifth Avenue** 26 **445 Fifth Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **New York New York** 27 **New York New York**
 City & State City & State
 24 **10016** 25 **USA** 28 **10016** 30 **USA**
 Zip Country Zip Country

9. Name and Address of Current Registered Agent
CUMMINGS, JOSEPH F
C/O ELLIOTT MCKIEVERT STOWE INC.
2828 W. FLAGLER ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, ALAN, F	1 2 NAME	
STREET ADDRESS	% 800 SECOND AVENUE	1 3 STREET ADDRESS	445 Fifth Avenue
CITY - ST - ZIP	NEW YORK NY	1 4 CITY - ST - ZIP	New York NY 10016
TITLE	V	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RICHARD, J	2 2 NAME	
STREET ADDRESS	% 800 SECOND AVENUE	2 3 STREET ADDRESS	445 Fifth Avenue
CITY - ST - ZIP	NEW YORK NY	2 4 CITY - ST - ZIP	New York NY 10016
TITLE	V	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKE, DANIEL	3 2 NAME	
STREET ADDRESS	% 800 SECOND AVENUE	3 3 STREET ADDRESS	RETIRED 12/31/95
CITY - ST - ZIP	NEW YORK NY	3 4 CITY - ST - ZIP	
TITLE	V	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEER, JOHN, F	4 2 NAME	
STREET ADDRESS	% 800 SECOND AVENUE	4 3 STREET ADDRESS	445 Fifth Avenue
CITY - ST - ZIP	NEW YORK NY	4 4 CITY - ST - ZIP	New York NY 10016
TITLE	V	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHRLING, JOHN M., JR.	5 2 NAME	
STREET ADDRESS	% 800 SECOND AVENUE	5 3 STREET ADDRESS	DIED 11/94
CITY - ST - ZIP	NEW YORK NY	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6 2 NAME	EV
STREET ADDRESS		6 3 STREET ADDRESS	SCHAAR, WILLIAM
CITY - ST - ZIP		6 4 CITY - ST - ZIP	445 FIFTH AVENUE NEW YORK NY 10016

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 7, 1995 (212) 592-1800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE CHURCH INSURANCE COMPANY
DIRECTORS AND OFFICERS

Name	Street Address	City and State	Zip Code	Title
Alan Franklin Blanchard	1088 Park Avenue	New York, NY	10128	President/Director
John Farr Gear	151 Central Park West	New York, NY	10023	Secretary
William Henry Schaar	One Hickory Drive	Chester Township, NJ	07930	Exec Vice President/Chief Financial Officer
Thomas Granville Martinson	1003 Windy Knoll Road	West Chester, PA	19382	Exec Vice President/Director
Richard Joseph Lewis	69 Chimney Ridge Drive	Convent Station, NJ	07961	Vice President
Stephen Francis Michalski	38 Oak Drive	Chatham, NJ	07928	Vice President
Michael Granville Thomas	2320 Little Fox Drive	Richmond, VA	23233	Vice President
William Robert Fischer	987 Alexandria Drive	Toms River, NJ	08753	Vice President
The Rt. Rev. William Arthur Beckham	Route 1, Box 164	Pomaria, SC	28126	Director
The Rev. Donald Edward Bitsberger	5903 Carlton Lane	Bethesda, MD	20816	Director
John Lind Carson	7247 Windermere Street	Littleton, CO	80120	Director
Matthew Kanyon Chew	3308 N. 63rd Place	Scottsdale, AZ	85251	Director
Betty Fees Connelly	3706 Sea Breeze	Santa Ana, CA	92704	Director
Vincent Calvin Currie, Jr.	411 J. Baysshore Drive	Pensacola, FL	32507	Director
The Hon. Joseph Ernest Michael, Jr.	14 Davis Avenue	Durham, NH	03824	Director
Samuel Frazier Pryor, III	10 Broad Brook Road	Bedford Hills, NY	10507	Director
The Rev. Noreen Priscilla Suriner	75 Severn Street	Longmeadow, MA	01106	Director
The Rt. Rev. Orms George Walker, Jr.	152 Kilburn Road	Garden City, NY	11530	Director

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