

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**445 FIFTH AVENUE
NEW YORK NE 10016
US**

Mailing Address
**445 FIFTH AVENUE
NEW YORK NE 10016
US**

3. Date Incorporated or Qualified **08/10/1959** 3a. Date of Last Report **04/12/1995**

21	2. Principal Place of Business 445 Fifth Avenue	22	Suite, Apt. #, etc.	26	2a. Mailing Address 445 Fifth Avenue	27	Suite, Apt. #, etc.	4.	FEI Number 13-6104559	Applied For
23	City & State New York New York	28	City & State New York New York	29	Zip 10016	30	Country USA	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip 10016	25	Country USA	29	Zip 10016	30	Country USA	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent								8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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		85	Zip Code
					FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETED		1.1 TITLE	D	Change	Addition
NAME	BLANCHARD, ALAN, F			1.2 NAME	The Rt. Rev. William Arthur Beckham		
STREET ADDRESS	445 FIFTH AVENUE			1.3 STREET ADDRESS	Route 1, Box 164		
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP	Pomaria, SC 28126		
TITLE	V	DELETED		2.1 TITLE	D	Change	Addition
NAME	LEWIS, RICHARD, J			2.2 NAME	The Rev. Donald Edward Bitsberger		
STREET ADDRESS	445 FIFTH AVENUE			2.3 STREET ADDRESS	5903 Carton Lane		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	Bethesda, MD 20816		
TITLE	V	DELETED		3.1 TITLE	D	Change	Addition
NAME	GEER, JOHN, F			3.2 NAME	John Kemper Cannon		
STREET ADDRESS	445 FIFTH AVENUE			3.3 STREET ADDRESS	505 North Woodward Avenue		
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP	Bloomfield Hills, MI 48013		
TITLE	EV	DELETED		4.1 TITLE		Change	Addition
NAME	SCHAAR, WILLIAM			4.2 NAME			
STREET ADDRESS	445 FIFTH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE		Change	Addition
NAME				5.2 NAME	700001876587		
STREET ADDRESS				5.3 STREET ADDRESS	-06/26/96--01083--023		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***61.25		
TITLE		DELETED		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 119.07(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard J. Lewis** April 29, 1996 (212)592-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Handwritten initials/signature