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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 10016-0109, US

3. Date Incorporated or Qualified: 08/10/1959
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business: 21 445 Fifth Avenue, 22 Suite, Apt. #, etc, 23 New York, New York, 24 10016, 25 USA
2a. Mailing Address: 26 445 Fifth Avenue, 27 Suite, Apt. #, etc, 28 New York, New York, 29 10016, 30 USA

4. FEI Number: 13-6104559
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: Michael H. Kline, 82 Street Address: 10297 Monarch Drive, 83, 84 City: Largo, FL, 85 Zip Code: 34644

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, to be 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: [Signature] DATE: 4/9/97

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include: PD BLANCHARD, ALAN, F; V LEWIS, RICHARD, J; V GEER, JOHN, F; EV SCHAAR, WILLIAM; D BECKHAM, WILLIAM ARTHUR REV.; D BITSBERGER, DONALD EDWARD REV.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-4 are blank.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)