


FILE NOW: FILING FEE IS \$61.25

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**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/10/1959	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 13-6104559		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**KLINE, MICHAEL H
10297 MONARCH DRIVE
2828 W. FLAGLER ST.
LARGO FL 34844**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, ALAN, F	1.2 NAME	
STREET ADDRESS	445 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RICHARD, J	2.2 NAME	
STREET ADDRESS	445 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEER, JOHN, F	3.2 NAME	Ward Barker Stevenson
STREET ADDRESS	445 FIFTH AVENUE	3.3 STREET ADDRESS	445 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York NY
TITLE	EV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKHAM, WILLIAM ARTHUR REV.	5.2 NAME	The Rev. Martin Luther Agnew, Jr.
STREET ADDRESS	ROUTE 1, BOX 164	5.3 STREET ADDRESS	6666 Gilbert Place
CITY-ST-ZIP	POMARIA SC 28128	5.4 CITY-ST-ZIP	Shreveport, LA 71106-3425
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BITSBERGER, DONALD EDWARD REV.	6.2 NAME	The Rt. Rev. Maurice Manuel Benitez
STREET ADDRESS	5903 CARTON LANE	6.3 STREET ADDRESS	6103 Mountain Villa Cove
CITY-ST-ZIP	BETHESDA MD 20819	6.4 CITY-ST-ZIP	Austin, TX 78731

14. I 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.

SIGNATURE: **Richard J. Lewis** April 20, 1998 (212) 502 1800

CR2E037 (10/97)