
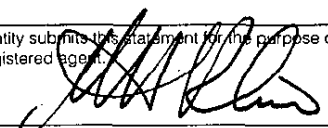
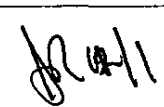
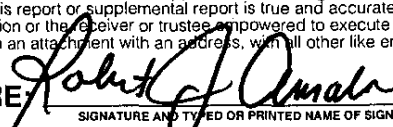


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC -1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # 813800 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 10272004 REIN-NP CR2E099 (6/04) | |
| Zip | | Country | | 4. FEI Number 13-6104559 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KLINE, MICHAEL H 10297 MONARCH DRIVE 2828 W. FLAGLER ST. LARGO, FL 34644 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>11/28/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50 | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BLANCHARD, ALAN, F 445 FIFTH AVENUE NEW YORK, NY | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD T. Dennis Sullivan 445 Fifth Avenue New York, NY 10016 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP ANSALONE, ROBERT J 445 FIFTH AVENUE NEW YORK, NY 10016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500042317625 10/29/04--01062--007 **236.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV BARRON, THOMAS C 445 FIFTH AVENUE NEW YORK, NY 10016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV KASLE, DANIEL A 445 FIFTH AVENUE NEW YORK, NY 10016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AGNEW JR, MARTIN LUTHER 6666 GILBERT PLACE SHREVEPORT, LA 71106 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BITSBERGER, DONALD EDWARD REV. 5903 CARTON LANE BETHESDA, MD 20819 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Randall Chase, Jr 275 North Main Street Providence, RI 02903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Robert J. Ansalone | | Date 10/27/04 |
| | | | Daytime Phone # (212)592-1800x890 | | |