2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 813800

1. Entity Name
THE CHURCH INSURANCE COMPANY

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

Principal Place of Business	Mailing Address
445 FIFTH AVENUE NEW YORK, NE 10016 US	445 FIFTH AVENUE NEW YORK, NE 10016 US

10272004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-6104559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ 11/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD T. Dennis Sullivan 445 Fifth Avenue New York, NY 10016 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ANSALONE, ROBERT J 445 FIFTH AVENUE NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500042317625 10/29/04--01062--007 **236.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV BARRON, THOMAS C 445 FIFTH AVENUE NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV KASLE, DANIEL A 445 FIFTH AVENUE NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGNEW JR, MARTIN LUTHER 6666 GILBERT PLACE SHREVEPORT, LA 71106	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BITSBERGER, DONALD EDWARD REV. 5903 CARTON LANE BETHESDA, MD 20819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Randall Chase, Jr 275 North Main Street Providence, RI 02903 ☐ Change ☒ 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: _____ Robert J. Ansalone 10/27/04 (212)592-1800x890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #