2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 813800								FILED				
1. Entity Name THE CHURCH INSURANCE COMPANY								04 DEC -1 AM II: 24				
						1		SECRETARY OF STATE				
Principal Place of Business Mailing Address								TALLAHASSEE, FLORIDA				
445 FIFTH AVENUE NEW YORK, NE 10016 US 445 FIFTH AVENUE NEW YORK, NE 10016										, · · · ·		
			11211	5144711 <u>-</u> 10010	US			1 (88)81 (8)81 (188)	. uloj (2)() 15(1) 55(1)	TITU 41811 BISH	Bibli bibli bibli	II 01 1001
Principal Place of Business												
Suite, Apt.	# etc	Suite	Suite, Apt. #, etc.				40070004					
									IN-NP	CR2E09	99 (6/04)	
City & State			City & State				4. FEI Number 13-610455	59		<u> </u>	Applicable	
Žip Country		Zip Co			untry		5. Certificate of S	Status Desired				
6. Name and Address of Current Registered Agent						<u> </u>		7. Name and Add	iress of New R			
KLINE, MICHAEL H												
10297 MONARCH DRIVE 2828 W. FLAGLER ST. LARGO, FL 34644						Street A	ddress (!	P.O. Box Number is Not Acceptable)				
City								FL Zip Code				
8. The above the obligat	named entititions of regist		(hyb pyarpy):	se of changing its	register	ed office or	register	ed agent, or both, in	the State of Flo	rida. I am fa	amiliar with, a	ind accept
Walley War and a state of the s												
SIGNATURE .	Signature, typed	printed name of registered agent as	nd title if applic	able. (NOTE	: Register	red Agent signs	ature requir	ed when reinstating)		DATE	'T —	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50									Flori	ida Departi	payable to ment of Sta	ıte
10.		OFFICERS AND DIR	ECTORS		11.		PD	ADDITIONS/CHANG	I SES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME	PD BLANCHA	ARD, ALAN, F		🗶 Delete	TITL			Dennis Sul		•	Change :	X Addition
STREET ADDRESS		STREET ADDRESS 44			5 Fifth Avenue w York, NY 10016							
CITY-ST-ZIP	NEW YOR	KK, NY		□ Delete	TITL		New				Channe	Addition
NAME	ANSALONE, ROBERT J 445 FIFTH AVENUE			L Boiets	NAN	NAME STREET ADDRESS		500042317625 Addition 10/29/04-01062-007 **236.25				
STREET ADDRESS CITY-ST-ZIP								10 E0 01 01002 T00; **230.23				
TITLE	EV			☐ Delete	TITL		•	-			☐ Change	Addition
NAME STREET ADDRESS		, THOMAS C H AVENUE			NAM STR	AE Eet address						
CITY-ST-ZIP	 	RK, NY 10016				Y-ST-ZIP	ļ		···			
TITLE NAME	EV KASLE, D	ANIEL A		Delete	TITE						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		HAVENUË RK, NY 10016				EET ADDRESS Y-ST-ZIP						
TITLE	D	(1,141 10010		☐ Delete	TITL		<u></u> -			`	☐ Change	Addition
NAME STREET ADDRESS		JR, MARTIN LUTHER BERT PLACE			NAA	AE Eet address			y shift	ΗI		
CITY-ST-ZIP		PORT, LA 71106				Y-ST-ZIP			<u></u>			
TITLE	D BITSBER	GER, DONALD EDWAR	D RFV	Delete	TITL NAM		D Rand	iall Chase	.lr		☐ Change	☆ Addition
STREET ADDRESS 5903 CARTON LANE				EET ADDRESS	275	5 North Main Street						
CITY-ST-ZIP		DA, MD 20819 e information supplied with	this filing s	loes not qualify for	Alexander	Y-ST-ZIP		vidence, Ri	Incide Ctetutes	L further cert	ify that the int	formation
indicated of the cor	l on this repo rporation or t	rt or supplemental report is the epeiver or trustee empo	true and a wered to e	ccurate and that n xecute this report	ny signa as requ	ature shall hired by Chi	ave the	same legal effect as 7. Florida Statutes; a	if made under and that my name	oath; that I a e appears in	m an officer of Block 10 or	or director Block 11 if
12. Thereby certify that the information supplied with this hilling does not quality for the exemption stated in section 119.07(3)(f), Florida statutes. Further certify that the information suppliemental 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 deeiver or trustee suppowered 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.												
SIGNAT	TURE !	SIGNATURE AND TYPED OR PI	AM Q	Robe)		. Ansa	lone	9 10	0/27/04 Date		12)592 sytime Phone #	<u>-1800</u> x890
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