
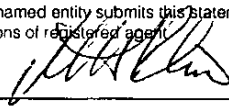



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 12 AM 8:01

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		
Zip	Country	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 					
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, 2007, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, T. DENNIS		NAME	000081253610	
STREET ADDRESS	445 FIFTH AVENUE		STREET ADDRESS	10/26/06--01036--007 ++236.25	
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSALONE, ROBERT J		NAME		
STREET ADDRESS	445 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	EV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRON, THOMAS C		NAME		
STREET ADDRESS	445 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASLE, DANIEL A		NAME		
STREET ADDRESS	445 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGNEW, MARTIN LUTHER JR		NAME		
STREET ADDRESS	6666 GILBERT PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71106		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRIE, VINCENT C JR		NAME		
STREET ADDRESS	411 J BAYSHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 10/24/06 (214) 592-1800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		