


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 813800
 1. Entity Name
 THE CHURCH INSURANCE COMPANY



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

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06122007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 13-6104559 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLINE, MICHAEL H
 10297 MONARCH DRIVE
 2828 W. FLAGLER ST.
 LARGO, FL 34644

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, T. DENNIS 445 FIFTH AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANSALONE, ROBERT J 445 FIFTH AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV KASLE, DANIEL A 445 FIFTH AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGNEW, MARTIN LUTHER JR 6666 GILBERT PLACE SHREVEPORT, LA 71106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, VINCENT C JR 411 J BAYSHORE DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/16/07-80001-019 61.25

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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: Robert J. Ansalone Robert J. Ansalone 7/11/07 (212) 592-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #