

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813800

FILED
Apr 28, 2011
Secretary of State

Entity Name: THE CHURCH INSURANCE COMPANY

Current Principal Place of Business:

445 FIFTH AVENUE
NEW YORK, NE 10016 US

New Principal Place of Business:

445 FIFTH AVENUE
NEW YORK, NY 10016 US

Current Mailing Address:

445 FIFTH AVENUE
NEW YORK, NE 10016 US

New Mailing Address:

445 FIFTH AVENUE
NEW YORK, NY 10016 US

FEI Number: 13-6104559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: REV.
Name: AGNEW, M L JR.
Address: 113 WHISPERING PINES DRIVE
City-St-Zip: BULLARD, TX 75757

Title: MR.
Name: BIGGS, SHERIDAN C
Address: P.O. BOX 160
City-St-Zip: QUAKER STREET, NY 12141

Title: MR.
Name: CURRIE, VINCENT C JR.
Address: 411J BAYSHORE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MR.
Name: FORSYTH, JAMES
Address: 1055 TAYLOR STREET
City-St-Zip: SAN FRANCISCO, CA 94108

Title: CNON
Name: HANSON, KAREN N
Address: 935 EAST AVENUE
City-St-Zip: ROCHESTER, NY 14607

Title: MR.
Name: KERR, MICHAEL J
Address: 110 WEST FRANKLIN STREET
City-St-Zip: RICHMOND, VA 23220

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL A. KASLE

EVP

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date