

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 813800

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC7158075252**

**Entity Name:** THE CHURCH INSURANCE COMPANY

**Current Principal Place of Business:**

19 EAST 34TH STREET  
NEW YORK, NY 10016

**Current Mailing Address:**

19 EAST 34TH STREET  
NEW YORK, NY 10016 US

**FEI Number:** 13-6104559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WOLD, MARY KATHERINE  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            CFO, DIRECTOR  
Name            KASLE, DANIEL A.  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            COO, DIRECTOR  
Name            MORRISON, JIM W.  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            SECRETARY, DIRECTOR  
Name            SANBORN, NANCY L.  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            SENIOR VP, DIRECTOR  
Name            WEBSTER, D. RODERICK  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            CHIEF INVESTMENT OFFICER,  
DIRECTOR  
Name            COBB, WILLIAM L.  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            SENIOR VP  
Name            ANSALONE, ROBERT J.  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title            VP, ASSISTANT SECRETARY  
Name            ABULIAK, SOLOMON  
Address        19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

**Continues on page 2**

*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:** JEFFREY CIANCI

**VICE PRESIDENT, TAX**

**02/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, TAX  
Name CIANCI, JEFFREY S  
Address 19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title VP, FINANCE AND TREASURER  
Name LATRIANO, PETER  
Address 19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title VP, CLAIMS  
Name MARINO, MICHAEL  
Address 19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name CALIO, PAUL  
Address 19 EAST 34TH STREET  
City-State-Zip: NEW YORK NY 10016