Electronic Signature of Signing Officer/Director Detail

FEI Number: 13-6104559

### Name and Address of Current Registered Agent:

Entity Name: THE CHURCH INSURANCE COMPANY

**Current Principal Place of Business:** 

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

**Current Mailing Address: 19 EAST 34TH STREET** NEW YORK, NY 10016 US

**DOCUMENT# 813800** 

19 EAST 34TH STREET NEW YORK, NY 10016

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

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Officer/Director Detail :**

Officer/Director Detail :						
Title	PRESIDENT, DIRECTOR	Title	EVP/CFO, DIRECTOR			
Name	WOLD, MARY KATHERINE	Name	KASLE, DANIEL A.			
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET			
City-State-Zip	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016			
Title	EVP, CLO & SECRETARY, DIRECTOR	Title	SVP			
Name	SANBORN, NANCY L.	Name	ANSALONE, ROBERT J.			
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET			
City-State-Zip	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016			
Title	VP, TAX	Title	VP, CLAIMS			
Name	CIANCI, JEFFREY S	Name	MARINO, MICHAEL			
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET			
City-State-Zip	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016			
Title	DIRECTOR	Title	EVP, CIO & MANAGING DIRECTOR, DIRECTOR			
Name	CALIO, PAUL	Name	SAYLER, ROGER A.			
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET			
City-State-Zip	NEW YORK NY 10016	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: WILLIAM F. MURRAY

02/21/2019 SR. VP AND GENERAL MANAGER

Certificate of Status Desired: No

Date

### **Officer/Director Detail Continued :**

Title	SVP	Title	VP & TREASURER
Name	PYE, WILLIAM L.	Name	LAROCCA, LISA
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	VP	Title	AVP
Name	CHENG, PATRICK	Name	BENDANA, CAROLYN
Address	19 EAST 34TH STREET	Address	19 EAST 34TH STREET
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	SVP/GENERAL MANAGER	Title	VP, ASST. SECRETARY
Name	MURRAY, WILLIAM FRANCIS	Name	OROL, ELLIOT SCOTT
Address	CHURCH INSURANCE COMPANY	Address City-State-Zip:	19 EAST 34TH STREET
	210 SOUTH STREET		NEW YORK NY 10016
City-State-Zip:	BENNINGTON VT 05201		
Title	VP		

Title VP Name CARUCCI, SAMUEL D/ ESQ.

Address 210 SOUTH STREET

City-State-Zip: BENNINGTON VT 05201