

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813800

Entity Name: THE CHURCH INSURANCE COMPANY**Current Principal Place of Business:**19 EAST 34TH STREET
NEW YORK, NY 10016**Current Mailing Address:**210 SOUTH STREET
BENNINGTON, VT 05201-2894 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 EVP/CFO, DIRECTOR
Name TAGGART, ELLEN
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

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

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

Title VP
Name MONEGRO, MARGARITA VIOLETA
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

Title VP & TREASURER
Name LAROCCA, LISA
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

Title SR VP
Name CHENG, PATRICK
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

Title VP
Name BENDANA, CAROLYN
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

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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: STEVEN J FOLLOS**DIRECTOR****01/13/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title EX VP & COO, DIRECTOR
Name ARMSTONG, FRANCIS P.
Address CHURCH INSURANCE COMPANY
210 SOUTH STREET
City-State-Zip: BENNINGTON VT 05201-2894

Title SR VP & GEN'L. MGR., DIRECTOR
Name ROURKE, CHRISTOPHER R.
Address 210 SOUTH STREET
City-State-Zip: BENNINGTON VT 05201-2894

Title DIRECTOR
Name FLANNERY, ROBERT F.
Address 210 SOUTH STREET
City-State-Zip: BENNINGTON VT 05201-2894

Title DIRECTOR
Name FOLLOS, STEVEN J.
Address 210 SOUTH STREET
City-State-Zip: BENNINGTON VT 05201-2894

Title SR VP, ASST. SECRETARY
Name OROL, ELLIOT SCOTT
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

Title VP
Name PICCERILL, LOUANNE
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016

Title EX. VP, CHIEF INV. OFF., MGR.
DIRECTOR
Name SAYLER, ROGER A.
Address 19 EAST 34TH STREET
City-State-Zip: NEW YORK NY 10016