

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # 816258 (8)**

95 MAY -1 AM 9:02

1. Corporation Name  
**EXCELSIOR INSURANCE COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **62 MAPLE AVENUE KEENE NH 03431-1625**  
Mailing Address: **62 MAPLE AVENUE KEENE NH 03431-1625**

3. Date Incorporated or Qualified <b>07/31/1962</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>15-0302550</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 19B(3)(c), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc 22. City & State 23. Zip Country 24. Zip Country	2a. Mailing Address 26. State Apt # etc 27. City & State 28. Zip Country 29. Zip Country	30. Country
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9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City, State, Zip Code <b>FL</b>	85. Zip Code
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11. Pursuant to the provisions of Sections 607.02(1) and 607.02(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
PD	BELL, RICHARD, T 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	TRACEY, JOSEPH P. 62 MAPLE AVENUE KEENE NH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CD	HILLIARD, R. GLENN 300 GALLERIA PKWY, N.W. ATLANTA GA 30339	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	HEALY, JUSTIN, D 62 MAPLE AVENUE KEENE NH 03431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CEOD	JEAN, ROGER, L 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SVP	BERKMAN, MORLAND, E 62 MAPLE AVE KEENE NH 03431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is correct and true and that I am qualified to be the registered agent for the corporation under the laws of the State of Florida. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or the designee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit filed with this report.

SIGNATURE: *Joseph P. Tracey* **Joseph P. Tracey** 4/28/95 (603) 352-3221  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR