

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **816258** (8)

1. Corporation Name
EXCELSIOR INSURANCE COMPANY



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 07/31/1962	3a. Date of Last Report 05/01/1995
4. FEI Number 15-0302550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.
26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or print name of person authorized to sign on behalf of corporation) _____ (Type or print name of registered agent) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: BELL, RICHARD, T	
STREET ADDRESS: 62 MAPLE AVE	
CITY-STATE-ZIP: KEENE NH 03431	
TITLE: S	<input type="checkbox"/> DELETE
NAME: TRACEY, JOSEPH P.	
STREET ADDRESS: 62 MAPLE AVENUE	
CITY-STATE-ZIP: KEENE NH	
TITLE: CD	<input type="checkbox"/> DELETE
NAME: HILLIARD, R, GLENN	
STREET ADDRESS: 300 GALLERIA PKWY, N.W.	
CITY-STATE-ZIP: ATLANTA GA 30339	
TITLE: T	<input type="checkbox"/> DELETE
NAME: HEALY, JUSTIN, D	
STREET ADDRESS: 62 MAPLE AVENUE	
CITY-STATE-ZIP: KEENE NH 03431	
TITLE: CEO	<input type="checkbox"/> DELETE
NAME: JEAN, ROGER, L	
STREET ADDRESS: 62 MAPLE AVE	
CITY-STATE-ZIP: KEENE NH 03431	
TITLE: SVP	<input type="checkbox"/> DELETE
NAME: BERKMAN, MORLAND, E	
STREET ADDRESS: 62 MAPLE AVE	
CITY-STATE-ZIP: KEENE NH 03431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Tracey* Joseph P. Tracey 2/2/96 (603) 352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)