

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: **02/09/1996**
4. FEI Number: **15-0302550**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt #, etc
22. City & State: **23**
24. Zip: **25** Country: **26**
2a. Mailing Address: **26** Suite, Apt #, etc
27. City & State: **28**
29. Zip: **30** Country: **31**

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: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCOOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Closser, Ronald A.	
3.3 STREET ADDRESS	62 Maple Avenue	
3.4 CITY-ST-ZIP	Keene, NH 03431	
4.1 TITLE	COBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joseph Henrie Robert St Jacques	
4.3 STREET ADDRESS	5780 Powers Ferry Rd., NW	
4.4 CITY-ST-ZIP	Atlanta, GA 30348-5036	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Tracey* Joseph P. Tracey, SVP 1/15/97 603-352-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)