

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

FILED

**Feb 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/31/1962	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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	PCOD	<input type="checkbox"/> DELETE
NAME	BELL, RICHARD, T	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	TRACEY, JOSEPH P.	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CLOSSER, RONALD A	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	
TITLE	COBD	<input checked="" type="checkbox"/> DELETE
NAME	ST JACQUES, JOSEPH HENRIE	
STREET ADDRESS	5780 POWERS FERRY RD, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CEOD	<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	VP-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Healy, Justin D.	
1.3 STREET ADDRESS	62 Maple Ave.	
1.4 CITY-ST-ZIP	Keene, NH 03431	
2.1 TITLE	SVP-Sec/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCague, William L. II	
2.3 STREET ADDRESS	62 Maple Ave.	
2.4 CITY-ST-ZIP	Keene, NH 03431	
3.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fiebrink, Mark E	
3.3 STREET ADDRESS	62 Maple Ave.	
3.4 CITY-ST-ZIP	Keene, NH 03431	
4.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Yeager, Joseph H.	
4.3 STREET ADDRESS	350 E. 96th St.	
4.4 CITY-ST-ZIP	Indianapolis, IN 46240	
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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Joseph P. Tracey* Joseph P. Tracey SVP/Dir 2/5/98 603-252-2221

CR2E034 (10/97)