


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90017 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816258
 1. Corporation Name
EXCELSIOR INSURANCE COMPANY



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
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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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOD <input type="checkbox"/> DELETE	1.1 TITLE	President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD, T	1.2 NAME	
STREET ADDRESS	62 MAPLE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	1.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	2.1 TITLE	SVP Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACEY, JOSEPH P.	2.2 NAME	
STREET ADDRESS	62 MAPLE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	2.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Chairman-CEO Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOSSER, RONALD A	3.2 NAME	Victor M Yerrill
STREET ADDRESS	62 MAPLE AVE	3.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	KEENE NH	3.4 CITY-ST-ZIP	New York, NY 10006
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Exec. VP-CFO Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEAGER, JOSEPH H.	4.2 NAME	Eugene G. Ballard
STREET ADDRESS	350 E. 96TH ST.	4.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	INDIANAPOLIS IN 46240	4.4 CITY-ST-ZIP	New York, NY 10006
TITLE	CEOD <input type="checkbox"/> DELETE	5.1 TITLE	Vice Chair-COO Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, ROGER, L	5.2 NAME	
STREET ADDRESS	62 MAPLE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH 03431	5.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Exec. VP-CIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKMAN, MORLAND, E	6.2 NAME	Joseph E Vardaro
STREET ADDRESS	62 MAPLE AVE	6.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	KEENE NH 03431	6.4 CITY-ST-ZIP	New York, NY 10006

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, with all other like empowered.

SIGNATURE: Justin B. Healy VP DATE: 1/18/99 DAYTIME PHONE #: 603-352-3221

CR2E034 (11/98)