

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90781 024 \*\*\*150.00

081779 AT

**DOCUMENT # 816258**  
 1. Entity Name  
**EXCELSIOR INSURANCE COMPANY**

Principal Place of Business <b>62 MAPLE AVENUE KEENE NH 03431-1625</b>	Mailing Address <b>62 MAPLE AVENUE KEENE NH 03431-1625</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>15-0302550</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTOPHER, MANSFIELD C</b> <b>62 MAPLE AVE</b> <b>KEENE NH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHRISTIANSSEN, MICHAEL R</b> <b>62 MAPLE AVENUE</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>TAYLOR, JANE F</b> <b>62 MAPLE AVENUE</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FIEBRINK, MARK E</b> <b>62 MAPLE AVENUE</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONDRIN, JAMES P III</b> <b>62 MAPLE AVE</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HEALY, JUSTIN D</b> <b>62 MAPLE AVENUE</b> <b>KEENE NH 03431</b>	<input checked="" type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Stephen D Powell* **Stephen D Powell, AVP - Treasurer** 4/5/02 (603) 358-3810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

attachment # 816 258 / 626826

EXCELSIOR INSURANCE COMPANY

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
PD	Christiansen, Michael R.	62 Maple Avenue	Keene, NH 03431
D	Condryn, J. Paul III	62 Maple Avenue	Keene, NH 03431
D	Fallon, Honore, J.	62 Maple Avenue	Keene, NH 03431
VD	Fiebrink, Mark E.	62 Maple Avenue	Keene, NH 03431
V	Fontanes, A. Alexander	62 Maple Avenue	Keene, NH 03431
V	Fulwood, Steven A.	62 Maple Avenue	Keene, NH 03431
V	Guymont, Philip J.	62 Maple Avenue	Keene, NH 03431
CD	Jean, Roger L.	62 Maple Avenue	Keene, NH 03431
VD	Johnson, Forrest H.	62 Maple Avenue	Keene, NH 03431
VD	Leddy, Amy J.	62 Maple Avenue	Keene, NH 03431
D	Mansfield, Christopher C.	62 Maple Avenue	Keene, NH 03431
VD	Mersch, William G.	62 Maple Avenue	Keene, NH 03431
V	Ostrow, Gary J.	62 Maple Avenue	Keene, NH 03431
VT	Powell, Stephen D.	62 Maple Avenue	Keene, NH 03431
VD	Ruzicka, Charles B.	62 Maple Avenue	Keene, NH 03431
VS	Taylor, Jane F.	62 Maple Avenue	Keene, NH 03431