



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 006 ***150.00

DOCUMENT # 816258					
1. Entity Name EXCELSIOR INSURANCE COMPANY					
Principal Place of Business 62 MAPLE AVENUE KEENE, NH 03431-1625			Mailing Address 62 MAPLE AVENUE KEENE, NH 03431-1625		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 15-0302550	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name CI Corporation System		
			Street Address (P.O. Box Number is Not Acceptable)		
			1200 South Pine Island RD		
			City Plantation		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTOPHER, MANSFIELD C		NAME		
STREET ADDRESS	62 MAPLE AVE		STREET ADDRESS	175 Berkerly St.	
CITY-ST-ZIP	KEENE, NH		CITY-ST-ZIP	Boston, MA 02117	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIANSSEN, MICHAEL R		NAME	Dwight W. Bowie	
STREET ADDRESS	62 MAPLE AVENUE		STREET ADDRESS	62 Maple Ave.	
CITY-ST-ZIP	KEENE, NH 03431		CITY-ST-ZIP	Keene, NH 03431	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRUSSO, MICHAEL J		NAME		
STREET ADDRESS	62 MAPLE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	KEENE, NH 03431		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIEBRINK, MARK E		NAME	Gary J. Ostrow	
STREET ADDRESS	62 MAPLE AVENUE		STREET ADDRESS	175 Berkerly St.	
CITY-ST-ZIP	KEENE, NH 03431		CITY-ST-ZIP	Boston, MA 02117	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONDRAIN, JAMES P III		NAME	Dennis J. Langwell	
STREET ADDRESS	62 MAPLE AVE		STREET ADDRESS	175 Berkerly St.	
CITY-ST-ZIP	KEENE, NH 03431		CITY-ST-ZIP	Boston, MA 02117	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYMONT, PHILIP J		NAME		
STREET ADDRESS	62 MAPLE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	KEENE, NH 03431		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael J. DiRusso</u> 			Date: <u>2/23/04</u>		Daytime Phone #: <u>603-352-3221</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					