

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 15-0302550	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOD	1.1 TITLE	VP-Treasurer
NAME	BELL, RICHARD, T	1.2 NAME	Healy, Justin D.
STREET ADDRESS	62 MAPLE AVE	1.3 STREET ADDRESS	62 Maple Ave.
CITY-ST-ZIP	KEENE NH	1.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	SVPD	2.1 TITLE	SVP-Sec/Dir.
NAME	TRACEY, JOSEPH P.	2.2 NAME	McCague, William L. II
STREET ADDRESS	62 MAPLE AVENUE	2.3 STREET ADDRESS	62 Maple Ave.
CITY-ST-ZIP	KEENE NH	2.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	EVP	3.1 TITLE	EVP
NAME	CLOSSER, RONALD A	3.2 NAME	Fiebrink, Mark E
STREET ADDRESS	62 MAPLE AVE	3.3 STREET ADDRESS	62 Maple Ave.
CITY-ST-ZIP	KEENE NH	3.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	COBD	4.1 TITLE	EVP
NAME	ST JACQUES, JOSEPH HENRIE	4.2 NAME	Yeager, Joseph H.
STREET ADDRESS	5780 POWERS FERRY RD, NW	4.3 STREET ADDRESS	350 E. 96th St.
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	CEOD	5.1 TITLE	
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	6.1 TITLE	
NAME	BERKMAN, MORLAND, E	6.2 NAME	
STREET ADDRESS	62 MAPLE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH 03431	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. 2/5/98 602-352-3221

CR2E034 (10/97)