

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

02-25-1999 90017 011 ***150.00

DOCUMENT # 816258
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

3. Date Incorporated or Qualified

07/31/1962

4. FEI Number

15-0302550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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 **25**

29 **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

FL

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

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

(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 checked="" type="checkbox"/> DELETE
NAME	CLOSSER, RONALD A	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	YEAGER, JOSEPH H.	
STREET ADDRESS	350 E. 96TH ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	JEAN, ROGER, L	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	SVP	<input checked="" 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	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SVP Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Chairman-CEO Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Victor M Yerrill	
3.3 STREET ADDRESS	61 Broadway	
3.4 CITY-ST-ZIP	New York, NY 10006	
4.1 TITLE	Exec. VP-CFO Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eugene G. Ballard	
4.3 STREET ADDRESS	61 Broadway	
4.4 CITY-ST-ZIP	New York, NY 10006	
5.1 TITLE	Vice Chair-COO Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Exec. VP-CIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joseph E Vardaro	
6.3 STREET ADDRESS	61 Broadway	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

603-352-3221

Daytime Phone #

CR2E034 (11/98)

0544429