## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 19, 2001 8:00 am Secretary of State **DOCUMENT #816258 EXCELSIOR INSURANCE COMPANY** 03-19-2001 90046 026 \*\*\*150.00 Mailing Address Principal Place of Business **62 MAPLE AVENUE** 62 MAPLE AVENUE KEENE NH 03431-1625 KEENE NH 03431-1625 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 15-0302550 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/OF ANGES TO GITT GENERALISE SINCE TO THE				
TITLE NAME STREET ADDRESS	D Christopher, Mansfield C 62 Maplë ave	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ELLIOT J 62 MAPLE AVENUE KEENE NH	<b>€</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael R Christiansen 62 Maple Ave Keene, NH 03431	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TAYLOR, JANE F 62 MAPLE AVENUE KEENE NH 03431	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS	<u>⊊</u> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FIEBRINK, MARK E 62 MAPLE AVENUE KEENE NH 03431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	€ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDRIN, JAMES P III 62 MAPLE AVE KEENE NH 03431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEALY, JUSTIN D 62 MAPLE AVENUE KEENE NH 03431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V		☐ 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:

Joseph P. Tracy Senior Vice President & Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

603-357-9505 Daytime Phone # CR2E034 (10/00)

## **2001 UNIFORM BUSINESS REPORT**

DOC#

**ENTITY: EXCELSIOR INSURANCE COMPANY** 

#12	Additions

TITLE	NAME	ADDRESS		
CD	Roger L Jean	62 Maple Ave.	Keene, NH	03431
VT	Joseph P Tracy	62 Maple Ave.	Keene, NH	03431
V	Anthony A Fontanes	62 Maple Ave.	Keene, NH	03431
VD	Forrest H Johnson	62 Maple Ave.	Keene, NH	03431
VD	Amy J Leddy	62 Maple Ave.	Keene, NH	03431
VD	William G Mersch	_62 Maple Ave	Keene, NH_	.03431
VD	Charles B Ruzicka	62 Maple Ave.	Keene, NH	03431
V	Steven A Fulwood	62 Maple Ave.	Keene, NH	03431
V	Gary J Ostrow	62 Maple Ave.	Keene, NH	03431
D	Honore J Fallon	62 Maple Ave.	Keene, NH	03431