FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State 816258 DOCUMENT # 1. Entity Name 04-11-2002 90781 024 ***150.00 EXCELSIOR INSURANCE COMPANY Principal Place of Business Mailing Address 62 MAPLE AVENUE 62 MAPLE AVENUE KEENE NH 03431-1625 KEENE NH 03431-1625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 15-0302550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change Addition ☐ Delete TITLE NAME CHRISTOPHER, MANSFIELD C NAME **62 MAPLE AVE** STREET ADDRESS STREET ADDRESS KEENE NH CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CHRISTIANSEN, MICHAEL R NAME NAME STREET ADDRESS **62 MAPLE AVENUE** STREET ADDRESS CITY-ST-ZIP KEENE NH 03431 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME TAYLOR, JANE F NAME STREET ADDRESS **62 MAPLE AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEENE NH 03431 TITLE ☐ Delete TITLE Change ☐ Addition NAME FIEBRINK, MARK E NAME STREET ADDRESS **62 MAPLE AVENUE** STREET ADDRESS CITY-ST-ZIP KEENE NH 03431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONDRIN, JAMES P III NAME NAME 62 MAPLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEENE NH 03431 CITY-ST-ZIP TITLE Change ■ Addition HEALY, JUSTIN D NAME NAME **62 MAPLE AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP KEENE NH 03431 CITY-ST-ZIP

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

Eephen D Powell, AVP - Treasurer 4/5/02 (603) 358-3810

Daytime Phone #

CR2E034 (9/01

attachment 1816258/626826

Keene, NH 03431

		EXCELSIOR INSURANCE COMPANY	
<u>Title</u>	<u>Name</u>	<u>Address</u>	City, State, Zip
PD	Christiansen, Michael R.	62 Maple Avenue	Keene, NH 03431
D	Condrin, 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
٧	Fontanes, A. Alexander	62 Maple Avenue	 Keene, NH 03431
V	Fulwood, Steven A.	62 Maple Avenue	Keene, NH 03431
٧	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

62 Maple Avenue

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Taylor, Jane F.