



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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island RD City Plantation FL Zip Code 33324		
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 NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, MANSFIELD C 62 MAPLE AVE KEENE, NH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 Berkerly St. Boston,MA 02117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIENSEN, MICHAEL R 62 MAPLE AVENUE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President & CEO Dwight W. Bowie 62 Maple Ave. Keene,NH 03431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DIRUSSO, MICHAEL J 62 MAPLE AVENUE KEENE, NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIEBRINK, MARK E 62 MAPLE AVENUE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Gary J. Ostrow 175 Berkerly St. Boston,MA 02117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDRIAN, JAMES P III 62 MAPLE AVE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Dennis J. Langwell 175 Berkerly St. Boston,MA 02117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUYMONT, PHILIP J 62 MAPLE AVENUE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Michael J. DiRusso SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/23/04 603-352-3221 Date Daytime Phone #	