

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001158

FILED
Apr 28, 2010
Secretary of State

Entity Name: EXCELSIOR INSURANCE COMPANY

Current Principal Place of Business:

62 MAPLE AVE.
KEENE, NH 03431

New Principal Place of Business:

Current Mailing Address:

175 BERKELEY ST.
BOSTON, MA 02117

New Mailing Address:

FEI Number: 15-0302550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCFO
Name: FALLON, MICHAEL J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: DP
Name: GREGG, GARY R.
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: EVP
Name: FONTANES, A. ALEXANDER
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: DEVP
Name: GILLES, JOSEPH A.
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: DEVP
Name: GOODBY, SCOTT R.
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI

ASEC

04/28/2010

Electronic Signature of Signing Officer or Director

Date