

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25459

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** EXCALIBUR REINSURANCE CORPORATION

**Current Principal Place of Business:**

1735 MARKET STREET  
PHILADELPHIA, PA 191037590 US

**New Principal Place of Business:**

1735 MARKET STREET SUITE 3000  
PHILADELPHIA, PA 191037590 US

**Current Mailing Address:**

1735 MARKET STREET  
PHILADELPHIA, PA 191037590 US

**New Mailing Address:**

1735 MARKET STREET SUITE 3000  
PHILADELPHIA, PA 191037590 US

**FEI Number:** 23-2153760

**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 323990000 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BARKER, KATHERINE H PRES  
Address: 1735 MARKET STREET SUITE 3000  
City-St-Zip: PHILADELPHIA, PA 19103

Title: VP,C  
Name: MAHON, TIMOTHY J VP,C  
Address: 1735 MARKET STREET SUITE 3000  
City-St-Zip: PHILADELPHIA, PA 191037590 US

Title: SEC  
Name: WILLIAMS, WENDY SEC  
Address: 1735 MARKET ST SUITE 3000  
City-St-Zip: PHILADELPHIA, PA 19103

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: TIMOTHY MAHON

VP,C

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date