

1.) CORPORATION NAME: Excelsior Insurance Company	DUE DATE: 1/31/2015			
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F0504961			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA	5.) STOCK INFORMATION			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON
CLASS	AUTHORIZED			
COMMON	50,000			
4.) STATE OR COUNTRY OF INCORPORATION: NH				

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: 62 MAPLE AVE	
CITY/ST/ZIP: KEENE, NH 03431	

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: J. PAUL CONDRIN III TITLE: P/CEO/COB/DIR ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL J FALLON TITLE: CFO/DIR ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DEXTER R LEGG TITLE: SECRETARY ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DEXTER R LEGG	DEXTER R LEGG, SECRETARY	1/30/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.