

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **807425**
1. Corporation Name

THE CAMDEN FIRE INSURANCE ASSOCIATION

Principal Place of Business: 400 FRIENDSHIP ROAD, P.O. BOX 5028, MT. LAUREL, NJ 08054
Mailing Address: 400 FRIENDSHIP ROAD, P.O. BOX 5028, MT. LAUREL, NJ 08054

3. Date Incorporated or Qualified: 09/06/1947
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		21-0418860	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, EILEEN S. 2601 WESTHALL LANE MAITLAND, FL 32751				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAUGHTON, JOHN J.		1.2 NAME		
STREET ADDRESS	436 WALNUT STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA.		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYEN, RANDALL E.		2.2 NAME		
STREET ADDRESS	436 WALNUT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA.		2.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNAM, WALTER E.		3.2 NAME		
STREET ADDRESS	436 WALNUT STREET		3.3 STREET ADDRESS	900001794639	
CITY-ST-ZIP	PHILADELPHIA, PA.		3.4 CITY-ST-ZIP	-04/25/96--01063--009	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COYNE, FRANK J.		4.2 NAME		
STREET ADDRESS	436 WALNUT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA.		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORCORAN, J.C.		5.2 NAME		
STREET ADDRESS	436 WALNUT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA.		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall E Dyen - RANDALL E. DYEN, SECRETARY 4/16/96 (215) 625-4293
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

4/24/96