

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #**  
 1. Corporation Name  
**807425**  
**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  
**4/16/96**

2. Principal Place of Business 21 <b>400 Fellowship Road</b> State, Apt. #, etc.	2a. Mailing Address 26 <b>436 Walnut Street</b> Suite, Apt. #, etc.	4. FEI Number <b>21-0418860</b>	Applied For Not Applicable
22 City & State	27 City & State <b>Philadelphia, PA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip 24	28 Zip <b>19106</b>	29 Country <b>USA</b>	30 Country <b>USA</b>
9. Name and Address of Current Registered Agent <b>Smith, Eileene S.</b> <b>2601 Westhall Lane</b> <b>Maitland, FL 32751</b>		10. Name and Address of New Registered Agent 81 Name <b>Elizabeth Bowden</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2601 Westhall Lane</b> 83 84 City <b>Maitland</b> FL 85 Zip Code <b>32751</b>	

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: *Elizabeth Bowden* **Elizabeth Bowden** DATE: **4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Naughton, John J.</b>		1.2 NAME	
STREET ADDRESS <b>436 Walnut Street</b>		1.3 STREET ADDRESS	
CITY, ST, ZIP <b>Philadelphia, PA</b>		1.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Dyen, Randall E.</b>		2.2 NAME	
STREET ADDRESS <b>436 Walnut Street</b>		2.3 STREET ADDRESS	
CITY, ST, ZIP <b>Philadelphia, PA</b>		2.4 CITY-ST-ZIP	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Farnam, Walter R.</b>		3.2 NAME	
STREET ADDRESS <b>436 Walnut Street</b>		3.3 STREET ADDRESS	
CITY, ST, ZIP <b>Philadelphia, PA</b>		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Coyne, Frank J.</b>		4.2 NAME	
STREET ADDRESS <b>436 Walnut Street</b>		4.3 STREET ADDRESS	
CITY, ST, ZIP <b>Philadelphia, PA</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Corcoran, J.C.</b>		5.2 NAME	<b>Major, Jr., Laurence H.</b>
STREET ADDRESS <b>436 Walnut Street</b>		5.3 STREET ADDRESS	<b>436 Walnut Street</b>
CITY, ST, ZIP <b>Philadelphia, PA</b>		5.4 CITY-ST-ZIP	<b>Philadelphia, PA</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>900002154369</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/25/97--01004--004</b>
CITY, ST, ZIP		6.4 CITY-ST-ZIP	<b>***165.00</b>

14. I do 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 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** DATE: **4/14/97** DAYTIME PHONE: **215-625-4293**

CR2E034 (9/96)