


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 # 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																																																																																																																									
2. Principal Place of Business 21 400 Fellowship Road State, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 436 Walnut Street Suite, Apt. #, etc. 27 City & State 28 Philadelphia, PA Zip Country 29 19106 30 USA																																																																																																																									
3. Date Incorporated or Qualified 09/06/1947		3a. Date of Last Report 4/16/96																																																																																																																									
4. FEI Number 21-0418860		Applied For Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																											
9. Name and Address of Current Registered Agent Smith, Eileene S. 2601 Westhall Lane Maitland, FL 32751		10. Name and Address of New Registered Agent 81 Name Elizabeth Bowden 82 Street Address (P.O. Box Number is Not Acceptable) 2601 Westhall Lane 83 84 City Maitland FL 85 Zip Code 32751																																																																																																																									
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 4/9/97 (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Naughton, John J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>436 Walnut Street</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Philadelphia, PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Dyen, Randall E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>436 Walnut Street</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Philadelphia, PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>C</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Farnam, Walter R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>436 Walnut Street</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Philadelphia, PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Coyne, Frank J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>436 Walnut Street</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Philadelphia, PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Corcoran, J.C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>436 Walnut Street</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Philadelphia, PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VT	<input type="checkbox"/> DELETE	NAME	Naughton, John J.		STREET ADDRESS	436 Walnut Street		CITY, ST, ZIP	Philadelphia, PA		TITLE	S	<input type="checkbox"/> DELETE	NAME	Dyen, Randall E.		STREET ADDRESS	436 Walnut Street		CITY, ST, ZIP	Philadelphia, PA		TITLE	C	<input type="checkbox"/> DELETE	NAME	Farnam, Walter R.		STREET ADDRESS	436 Walnut Street		CITY, ST, ZIP	Philadelphia, PA		TITLE	PD	<input type="checkbox"/> DELETE	NAME	Coyne, Frank J.		STREET ADDRESS	436 Walnut Street		CITY, ST, ZIP	Philadelphia, PA		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	Corcoran, J.C.		STREET ADDRESS	436 Walnut Street		CITY, ST, ZIP	Philadelphia, PA		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY, ST, ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>Major, Jr., Laurence H.</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>436 Walnut Street</td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>Philadelphia, PA</td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	Major, Jr., Laurence H.	5.3 STREET ADDRESS	436 Walnut Street	5.4 CITY-ST-ZIP	Philadelphia, PA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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		4/14/97 315-625-4293 Date Daytime Phone																																																																																																																									

CR2E034 (9/96)