

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807425 (4)

1. Corporation Name
THE CAMDEN FIRE INSURANCE ASSOCIATION



Principal Place of Business 400 FRIENDSHIP RD. P.O. BOX 8028 MT. LAUREL NJ 08054	Mailing Address 436 WALNUT STREET PHILADELPHIA PA 19106
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 400 Fellowship Road	26 2a. Mailing Address Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Mt. Laurel, NJ	28 City & State
24 Zip 08054-1201	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 09/06/1947	
4. FEI Number 21-0418860	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ELIZABETH, BOWDEN
2601 WESTHALL LANE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 H. Bowden* DATE **4/21/98**

Signature: type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VT	<input type="checkbox"/>
NAME	NAUGHTON, JOHN J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/>
NAME	DYEN, RANDALL E	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	C	<input type="checkbox"/>
NAME	FARNAM, WALTER E.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	COYNE, FRANK J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/>
NAME	MAJOR, LAURENCE H	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	CP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 *Paul H. S. D.* (215) 625-4293

CR2E034 (10/97)