


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90187 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 807425**

1. Corporation Name  
**THE CAMDEN FIRE INSURANCE ASSOCIATION**



Principal Place of Business 400 FRIENDSHIP RD. P.O. BOX 5028 MT. LAUREL NJ 08054	Mailing Address 436 WALNUT STREET PHILADELPHIA PA 19106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 Fellowship Road Suite, Apt. #, etc. 22 City & State 23 Mt. Laurel, NJ Zip Country 24 08054 25	2a. Mailing Address 26 One Beacon Street Suite, Apt. #, etc. 27 City & State 28 Boston, MA Zip Country 29 02108 30	3. Date Incorporated or Qualified 09/06/1947	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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 FLORIDA INSURANCE COMMISSIONER 82 Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING 83 84 City TALLAHASSEE FL 85 Zip Code 32301
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VT NAME NAUGHTON, JOHN J. STREET ADDRESS 436 WALNUT STREET CITY-ST-ZIP PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S 1.2 NAME SMITH, DENNIS R. 1.3 STREET ADDRESS ONE BEACON ST 1.4 CITY-ST-ZIP BOSTON MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DYEN, RANDALL E STREET ADDRESS 436 WALNUT STREET CITY-ST-ZIP PHILADELPHIA PA	<input type="checkbox"/> DELETE	2.1 TITLE PCD 2.2 NAME GOWDY, ROBERT C. 2.3 STREET ADDRESS ONE BEACON ST 2.4 CITY-ST-ZIP BOSTON MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CP NAME FARNAM, WALTER E. STREET ADDRESS 436 WALNUT STREET CITY-ST-ZIP PHILADELPHIA PA	<input type="checkbox"/> DELETE	3.1 TITLE VD 3.2 NAME WEBER, JOHN A. 3.3 STREET ADDRESS ONE BEACON ST 3.4 CITY-ST-ZIP BOSTON MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MAJOR, LAURENCE H STREET ADDRESS 436 WALNUT STREET CITY-ST-ZIP PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE AT 4.2 NAME PERLMAN, ROBERT S. 4.3 STREET ADDRESS ONE BEACON ST 4.4 CITY-ST-ZIP BOSTON MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Dennis R. Smith DATE: 03/04/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)