

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807425

1. Entity Name

THE CAMDEN FIRE INSURANCE ASSOCIATION

Principal Place of Business

400 FELLOWSHIP ROAD  
MT. LAUREL NJ 08054

Mailing Address

ONE BEACON STREET  
BOSTON MA 02108-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

21-0418860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DENNIS R ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOWDY, ROBERT C ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, JOHN A ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PERLMAN, ROBERT S ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BANAS, RICHARD S ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BRAZAUSKAS, VINCENT A ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CARSTENSEN, HANS L 108 MYRTLE ST QUINCY, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DOYLE, JOHN F ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/CFO FITZPATRICK, CHARLES R ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, RICHARD A ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 (617) 725-7430  
Date Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90052 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Atch.  
C0037614  
H807425

THE CAMDEN FIRE INSURANCE ASSOCIATION

Additions

V/D  
LADD, DAVID N  
ONE BEACON STREET  
BOSTON, MA

V/D/GC  
SINGER, ROGER M  
ONE BEACON ST  
BOSTON, MA

T  
HIRTLE, RICHARD C  
ONE BEACON ST  
BOSTON, MA