


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 020 ***150.00

DOCUMENT # 807425
 1. Entity Name
THE CAMDEN FIRE INSURANCE ASSOCIATION, INC.




Principal Place of Business Mailing Address
400 FELLOWSHIP ROAD **ONE BEACON STREET**
MT. LAUREL, NJ 08054 **BOSTON, MA 20108**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

03000000



02022004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
21-0418860 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS R	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON, MA	
TITLE	PDCO	<input type="checkbox"/> Delete
NAME	CAVOORES, JOHN P	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNC, ANDREW C	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	ARCHIMADS, ALEX C	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, RICHARD P	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LERWICK, STUART N	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA 02108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chokel, Charles B	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Morgan W.	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carnase, Andrew C	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Archimedes, Alex C	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singer, Roger m.	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lerwick, Stuart N	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Dennis R. Smith* Dennis R. Smith 1/30/04 617-725-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Office Daytime Phone #

Attachment

80742-5

Officers/Directors List

CFO, D
Galeaz, Gregory R.
One Beacon Street
Boston, MA 02108

VD
Schmitt, Thomas N.
One Beacon Street
Boston, MA 02108

T
Winn, Gregory P.
One Beacon Street
Boston, MA 02108