

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 012 ***150.00

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



Principal Place of Business 400 FELLOWSHIP ROAD MT. LAUREL, NJ 08054	Mailing Address ONE BEACON STREET BOSTON, MA 20108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 21-0418860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDCO CAVOORES, JOHN P ONE BEACON STREET BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP T. Michael Miller One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARNASE, ANDREW C ONE BEACON ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, RICHARD P ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Paul H. McDonough One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LERWICK, STUART N ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Brian D. Poole One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: *Dennis R. Smith* **1/16/06 617-725-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 2000 2439

2006 FOR PROFIT ANNUAL REPORT

The Camden Fire Insurance Association

Officers/Directors -- Document #807425

Title D
Name Charles B. Chokel
Street Address 370 Church Street
City-St-Zip Guilford, CT 06437

Title D
Name Mark K. Dorcus
Street Address 370 Church Street
City-St-Zip Guilford, CT 06437

Title VD
Name Thomas L. Forsyth
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title VD
Name Thomas N. Schmitt
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title VD
Name Roger M. Singer
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Michael J. Daly
Street Address 1500 Spring Garden Street
City-St-Zip Philadelphia, PA 19130

Title V
Name Eugene C. Fazzie
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Dana P. Hendershott
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Michael R. Keane
Street Address One Constitution Way
City-St-Zip Foxboro, MA 02035

Title V
Name Michael J. McSally
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

ATTACHMENT

2008-2439
#807425

Title
Name
Street Address
City-St-Zip

V
John M. Meuschke
17600 Burnham Ct.
Chesterfield, MO 63005

Title
Name
Street Address
City-St-Zip

V
Michael F. Natan
One Constitution Way
Foxboro, MA 02035

Title
Name
Street Address
City-St-Zip

V
Donald P. Nibouar
One Beacon Street
Boston, MA 02108

Title
Name
Street Address
City-St-Zip

V
Kevin J. Rehnberg
7760 France Avenue South
Bloomington, MN 55435

Title
Name
Street Address
City-St-Zip

V
Kathleen M. Taylor
One Beacon Street
Boston, MA 02108

Title
Name
Street Address
City-St-Zip

T
Frederick J. Turcotte
One Beacon Street
Boston, MA 02108