


**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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01112006 Chg-P CR2E034 (11/05)

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
<b>CHIEF FINANCIAL OFFICER                      P O BOX 6200 (32314-6200)                      200 E. GAINES ST                      TALLAHASSEE, FL 32399-0000</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SMITH, DENNIS R ONE BEACON STREET BOSTON, MA</b> <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	<b>PD CAVOORES, JOHN P ONE BEACON STREET BOSTON, MA 02108</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP T. Michael Miller One Beacon St. Boston, MA 02108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARNASE, ANDREW C ONE BEACON ST BOSTON, MA 02108</b> <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	<b>VD ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108</b> <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	<b>D HOWARD, RICHARD P ONE BEACON ST BOSTON, MA 02108</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Paul H. McDonough One Beacon St. Boston, MA 02108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LERWICK, STUART N ONE BEACON ST BOSTON, MA 02108</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Brian D. Poole One Beacon St. Boston, MA 02108</b> <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 V  
Name John M. Meuschke  
Street Address 17600 Burnham Ct.  
City-St-Zip Chesterfield, MO 63005

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

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

Title V  
Name Kevin J. Rehnberg  
Street Address 7760 France Avenue South  
City-St-Zip Bloomington, MN 55435

Title V  
Name Kathleen M. Taylor  
Street Address One Beacon Street  
City-St-Zip Boston, MA 02108

Title T  
Name Frederick J. Turcotte  
Street Address One Beacon Street  
City-St-Zip Boston, MA 02108