


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 018 ***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**

60009659



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112007 Chg-P CR2E034 (12/06)

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

**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, 2007 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	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	DCP MILLER, MICHAEL T ONE BEACON STREET BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miller, T. Michael One Beacon Lane Canton, MA 02021
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Constitution Way Foxboro, MA 02035
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	DV MCDOUGH, PAUL H ONE BEACON ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McDonough, Paul H.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POOLE, BRIAN D 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

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** Date: **6-17-2007** Daytime Phone # **600-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

60009659

2007 FOR PROFIT ANNUAL REPORT

The Camden Fire Insurance Association, Inc.

Officers/Directors – Document #807425

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

Title D/V/General Counsel
Name Thomas L. Forsyth
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

Title D/V/Chief Human Resources Officer
Name Thomas N. Schmitt
Street Address One Beacon Lane
City-St-Zip Canton, MA 02021

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

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

Title V
Name Paul F. DiFrancesco
Street Address 201 Old Country Rd.
City-St-Zip Melville, NY 11747

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

Title V/CAO
Name Dana P. Hendershott
Street Address One Beacon Lane
City-St-Zip Canton, MA 02021

ATTACHMENT

Officers/Directors – Document #807425

60009659

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 22 Tidewater Farm Rd.
City-St-Zip Greenland, NH 03840

Title V
Name John M. Meuschke
Street Address 9031 Wildlife Loop
City-St-Zip Sarasota, FL 34238

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 Lane
City-St-Zip Canton, MA 02021

Title V
Name Kevin J. Rehnberg
Street Address 601 Carlson Parkway, Suite 700
City-St-Zip Minnetonka, MN 55305

Title V
Name Ann Marie Andrews
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

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