

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 PM 12:44

**DOCUMENT # 807425 (4)**

1. Corporation Name  
**THE CAMDEN FIRE INSURANCE ASSOCIATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>400 FRIENDSHIP RD. P.O. BOX 5029 MT. LAUREL NJ 08054</b>	Mailing Address <b>400 FRIENDSHIP RD. P.O. BOX 5029 MT. LAUREL NJ 08054</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>21-0418860</b>	3a. Date of Last Report <b>04/20/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified <b>09/06/1947</b>	3a. Date of Last Report <b>04/20/1994</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, EILEENE S.  
2601 WESTHALL LANE  
MAYLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Eileen Smith* *Claim Manager* *3/20/95*  
Signature typed or printed name of registered agent (with a checkmark) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VT</b>
NAME	<b>NAUGHTON, JOHN J.</b>
STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>
TITLE	<b>S</b>
NAME	<b>DYEN, RANDALL E</b>
STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>
TITLE	<b>C</b>
NAME	<b>FARNAM, WALTER E.</b>
STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>
TITLE	<b>PD</b>
NAME	<b>COYNE, FRANK J.</b>
STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>
TITLE	<b>D</b>
NAME	<b>CORCORAN, J.C.</b>
STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank J. Coyne* **-FRANK J. COYNE** *1/5/95* **(215) 625-1063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name #)