

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90635 035 \*\*\*158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **21-0418860**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S SMITH, DENNIS R ONE BEACON STREET BOSTON MA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Carnase, Andrew C. One Beacon St, Boston, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PDCO CAVOORES, JOHN P ONE BEACON STREET BOSTON MA 02108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Davis, Morgan W. One Beacon St, Boston, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD WEBER, JOHN A ONE BEACON STREET BOSTON MA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, Chair, Chief Admin. officer Chokris, Charles B. One Beacon St. Boston, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>AT PERLMAN, ROBERT S ONE BEACON STREET BOSTON MA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Archimedes, Alex C. One Beacon St. Boston, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD HOEFNER, LARRY A ONE BEACON STREET BOSTON MA 02108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Howard, Richard P. One Beacon St. Boston, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD BRAZAUSKAS, VINCENT A ONE BEACON STREET BOSTON MA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Lerwicht, Stuart N. One Beacon St. Boston, MA 02108</b>

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 all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SMITH DENNIS R**

**Dennis R. Smith 3-3-03 617-725-6000**

Date

Daytime Phone #

CR2E034 (10/02)

# Attachment

## Officers / Directors List

807425

80061666

**Alex C. Archimedes**  
Sr. VP and Director  
131 Morristown Rd., Basking Ridge, NY 07920

**Andrew C. Carnase**  
Sr. VP and Director  
One Beacon St., Boston, MA 02108

**John P. Cavoeres**  
President, Chief Operating Officer and Director  
One Beacon St., Boston, MA 02108

**Charles B. Chokel**  
Chairman, Chief Administrative Officer and Director  
One Beacon St., Boston, MA 02108

**Morgan W. Davis**  
Sr. VP and Director  
One Beacon St., Boston, MA 02108

**Richard C. Hirtle**  
Treasurer  
One Beacon St., Boston, MA 02108

**Richard P. Howard**  
Sr. VP and Director  
370 Church St., Guilford, CT 06437

**Stuart N. Lerwick**  
Sr. VP and Director  
One Beacon St., Boston, MA 02108

**James J. Ritchie**  
Sr. VP and Director  
One Beacon St., Boston, MA 02108

**Roger M. Singer**  
Sr. VP and Director  
One Beacon St., Boston, MA 02108

**Dennis R. Smith**  
Secretary  
One Beacon St., Boston, MA 02108