


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

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 # **600-725-6000**

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