

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **807425**

1. Corporation Name

THE CAMDEN FIRE INSURANCE ASSOCIATION

Principal Place of Business: 400 FRIENDSHIP ROAD, P.O. BOX 5028, MT. LAUREL, NJ 08054
Mailing Address: 400 FRIENDSHIP ROAD, P.O. BOX 5028, MT. LAUREL, NJ 08054

3. Date Incorporated or Qualified: 09/06/1947
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		21-0418860	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24	Zip	25	Country	7.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent

SMITH, EILEEN S.
2601 WESTHALL LANE
MAITLAND, 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
FL	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	NAUGHTON, JOHN J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA, PA.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DYEN, RANDALL E.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA, PA.	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FARNAM, WALTER E.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA, PA.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COYNE, FRANK J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA, PA.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORCORAN, J.C.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA, PA.	
TITLE		<input type="checkbox"/> DELETE
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	900001794639
3.4 CITY-ST-ZIP	-04/25/96--01063--009
	***200.00
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall E Dyen* - RANDALL E. DYEN, SECRETARY 4/16/96 (215) 625-4293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

Handwritten initials and date