


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #**  
 1. Corporation Name  
**807425**  
**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  
**4/16/96**

2. Principal Place of Business  
 21 **400 Fellowship Road**  
 State, Apt. #, etc.

2a. Mailing Address  
 26 **436 Walnut Street**  
 Suite, Apt. #, etc.

22  
 City & State

23  
 City & State  
**Philadelphia, PA**

24  
 Zip  
**19106**

25  
 Country  
**USA**

4. FEI Number  
**21-0418860**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Smith, Eileene S.**  
**2601 Westhall Lane**  
**Maitland, FL 32751**

10. Name and Address of New Registered Agent  
 81 Name  
**Elizabeth Bowden**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2601 Westhall Lane**  
 83  
 84 City  
**Maitland** **FL** 85 Zip Code  
**32751**

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: *Elizabeth Bowden* **Elizabeth Bowden** DATE: **4/9/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>Naughton, John J.</b>	
STREET ADDRESS	<b>436 Walnut Street</b>	
CITY, ST, ZIP	<b>Philadelphia, PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>Dyen, Randall E.</b>	
STREET ADDRESS	<b>436 Walnut Street</b>	
CITY, ST, ZIP	<b>Philadelphia, PA</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>Farnam, Walter R.</b>	
STREET ADDRESS	<b>436 Walnut Street</b>	
CITY, ST, ZIP	<b>Philadelphia, PA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Coyne, Frank J.</b>	
STREET ADDRESS	<b>436 Walnut Street</b>	
CITY, ST, ZIP	<b>Philadelphia, PA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Corcoran, J.C.</b>	
STREET ADDRESS	<b>436 Walnut Street</b>	
CITY, ST, ZIP	<b>Philadelphia, PA</b>	
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Major, Jr., Laurence H.</b>
5.3 STREET ADDRESS	<b>436 Walnut Street</b>
5.4 CITY-ST-ZIP	<b>Philadelphia, PA</b>
6.1 TITLE	
6.2 NAME	<b>900002154369</b>
6.3 STREET ADDRESS	<b>-04/25/97--01004--004</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

*PW 4-23-97*

14. I do 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 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** DATE: **4/14/97** DAYTIME PHONE: **215-625-4293**

CR2E034 (9/96)