FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # 807425   (4)
1. Corporation Name

THE CAMDEN FIRE INSURANCE ASSOCIATION

Principal Place of Business	Mailing Address
400 FRIENDSHIP RD. P.O. BOX 5028 MT. LAUREL NJ 08054	436 WALNUT STREET PHILADELPHIA PA 19106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/06/1947

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21	**400 Fellowship Road**	26		**21-0418860**		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
23	**Mt. Laurel, NJ**	28				
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		
24 08054-1201	25	29	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELIZABETH, BOWDEN 2601 WESTHALL LANE MAITLAND FL 32751	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 *Elizabeth Bowden*   4/21/98
Signature, type or print d name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**VT**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	NAUGHTON, JOHN J.		1.2 NAME		
STREET ADDRESS	436 WALNUT STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP		
TITLE	**S**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	DYEN, RANDALL E		2.2 NAME		
STREET ADDRESS	436 WALNUT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP		
TITLE	**C**	☐ DELETE	3.1 TITLE **CP**	☒ Change	☐ Addition
NAME	FARNAM, WALTER E.		3.2 NAME		
STREET ADDRESS	436 WALNUT STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP		
TITLE	**PD**	☒ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	COYNE, FRANK J.		4.2 NAME		
STREET ADDRESS	436 WALNUT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	MAJOR, LAURENCE H		5.2 NAME		
STREET ADDRESS	436 WALNUT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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.

(215) 625-4293