

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -6 PM 4:30

DOCUMENT # 836497 (8)

1. Corporation Name

INTERNATIONAL FIDELITY INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
ONE NEWARK CENTER ONE NEWARK CENTER  
20TH FLOOR 20TH FLOOR  
NEWARK NJ 07102 NEWARK NJ 07102

3. Date Incorporated or Qualified 06/10/1976 3a. Date of Last Report 06/24/1994  
4. FEI Number 22-1010450 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	WEISS, CHARLOTTE S.
STREET ADDRESS	2575 PALMDASE AVE.
CITY - ST - ZIP	RIVERDALE NY
TITLE	SD
NAME	KONVITZ, NORMAN
STREET ADDRESS	1218 W. PARK AVE.
CITY - ST - ZIP	WAYSIDE NJ
TITLE	PD
NAME	MITTERHOFF, FRANCIS L.
STREET ADDRESS	BROOK HOLLOW LN.
CITY - ST - ZIP	BERNARDVILLE NJ
TITLE	CD
NAME	KONVITZ, PHILIP
STREET ADDRESS	1060 OCEAN AVE
CITY - ST - ZIP	ELBERON, NJ 08000
TITLE	VPD
NAME	COHEN, CHARLES
STREET ADDRESS	2943 QUINCY TURN
CITY - ST - ZIP	BENSALEM PA
TITLE	ASD
NAME	LEVINSON, GILDA
STREET ADDRESS	21 MAYFIELD PLACE
CITY - ST - ZIP	METUCHEN, NJ 08000

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 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 recorder or trustee who prepared 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 no change sheet with an addition.

SIGNATURE: \_\_\_\_\_ 1/10/95 (201) 624-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR (Date) Telephone Number