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**Apr 21 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 # 836497 (8)
1. Corporation Name
INTERNATIONAL FIDELITY INSURANCE COMPANY



Principal Place of Business Mailing Address
**ONE NEWARK CENTER
20TH FLOOR
NEWARK NJ 07102** **ONE NEWARK CENTER
20TH FLOOR
NEWARK NJ 07102-5211**

3. Date Incorporated or Qualified: **06/10/1976** 3a. Date of Last Report: **07/08/1996**
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 28. Zip 29. Country 30. Country

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	T WEISS, CHARLOTTE S.
STREET ADDRESS	2575 PALIDASE AVE.
CITY-ST-ZIP	RIVERDALE NY
TITLE	<input type="checkbox"/> DELETE
NAME	SD KONVITZ, NORMAN
STREET ADDRESS	1218 W. PARK AVE.
CITY-ST-ZIP	WAYSIDE NJ
TITLE	<input type="checkbox"/> DELETE
NAME	PD MITTERHOFF, FRANCIS L.
STREET ADDRESS	BROOK HOLLOW LN.
CITY-ST-ZIP	BERNARDVILLE NJ
TITLE	<input type="checkbox"/> DELETE
NAME	CD KONVITZ, PHILIP
STREET ADDRESS	1060 OCEAN AVE
CITY-ST-ZIP	ELBERON, NJ 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D SHEFFRIN, EILEEN
STREET ADDRESS	27 CARRIAGE HILL LANE
CITY-ST-ZIP	COLUMBUS NJ
TITLE	<input type="checkbox"/> DELETE
NAME	ASD LEVINSON, GILDA
STREET ADDRESS	21 MAYFFIELD PLACE
CITY-ST-ZIP	METUCHEN, NJ 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Riverdale, NY 10463
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Wayside, NJ 07712
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Bernardville, NJ 07924
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Elberon, NJ 07740
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Columbus, NJ 08022
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Metuchen, NJ 08840

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 in an attachment with an address.

SIGNATURE: **Charlotte S. Weiss** 4/9/97 201-624-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)