

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90011 038 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 836497

1. Corporation Name

INTERNATIONAL FIDELITY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE NEWARK CENTER
 20TH FLOOR
 NEWARK NJ 07102

Mailing Address

ONE NEWARK CENTER
 20TH FLOOR
 NEWARK NJ 07102

3. Date Incorporated or Qualified

06/10/1976

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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 owes the current year Intangible Personal Property.

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T DELETE
 NAME WEISS, CHARLOTTE S.
 STREET ADDRESS 2575 PALADISE AVE.
 CITY-ST-ZIP RIVERDALE NY

SD DELETE
 NAME KONVITZ, NORMAN
 STREET ADDRESS 1218 W. PARK AVE.
 CITY-ST-ZIP WAYSIDE NJ

PD DELETE
 NAME MITTERHOFF, FRANCIS L.
 STREET ADDRESS BROOK HOLLOW LN.
 CITY-ST-ZIP BERNARDVILLE NJ

CD DELETE
 NAME KONVITZ, PHILIP
 STREET ADDRESS 1060 OCEAN AVE
 CITY-ST-ZIP ELBERON, NJ 00000

D DELETE
 NAME SHEFFRIN, EILEEN
 STREET ADDRESS 27 CARRIAGE HILL LANE
 CITY-ST-ZIP COLUMBUS NJ

ASD DELETE
 NAME LEVINSON, GILDA
 STREET ADDRESS 21 MAYFIELD PLACE
 CITY-ST-ZIP METUCHEN, NJ 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Controller Change Addition
 1.2 NAME Hartmann, Lee T.
 1.3 STREET ADDRESS 3 S. Dow Street
 1.4 CITY-ST-ZIP Waldwick, NJ 07463

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

SIGNATURE:

Lee T. Hartmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee T. Hartmann Controller July 1, 1999

Date Daytime Phone #

CR2E034 (5/99)