


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90010 009 \*\*\*150.00

<b>DOCUMENT # 836497</b>					
1. Entity Name INTERNATIONAL FIDELITY INSURANCE COMPANY					
Principal Place of Business ONE NEWARK CENTER 20TH FLOOR NEWARK, NJ 07102			Mailing Address ONE NEWARK CENTER 20TH FLOOR NEWARK, NJ 07102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-1010450	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Ed Sheppard		
			Street Address (P.O. Box Number is Not Acceptable) 9000 S. W. 94th Street		
			City Miami		
			FL Zip Code 33176		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Lee T. Hartmann, CPA				DATE 2/23/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, LEE T		NAME		
STREET ADDRESS	ONE NEWARK CENTER, 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONVITZ, NORMAN		NAME		
STREET ADDRESS	1218 W. PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	WAYSIDE, NJ		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITTERHOFF, FRANCIS L.		NAME		
STREET ADDRESS	BROOK HOLLOW LN.		STREET ADDRESS		
CITY-ST-ZIP	BERNARDVILLE, NJ		CITY-ST-ZIP		
TITLE	SVCC	<input type="checkbox"/> Delete	TITLE	Sr. V/P & General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, BOGDA MS		NAME		
STREET ADDRESS	ONE NEWARK CENTER 20TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFRIN, EILEEN		NAME		
STREET ADDRESS	27 CARRIAGE HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, NJ		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Sr. V/P & Chief Underwriting	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lee T. Hartmann</i>			February 23, 2006 800-333-4167		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		