

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90082 020 ***150.00

DOCUMENT # 836497					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-1010450	
Zip	Country	Zip	Country	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				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	SRVP	<input type="checkbox"/> Delete	TITLE	<input 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	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINSTER, ROBERT W		NAME		
STREET ADDRESS	1 NEWARK CENTER 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		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 Hart</i>			3/14/07 973-624-7200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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03142007 Chg-P CR2E034 (12/06)

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HARTMAN, LEE T	
STREET ADDRESS	ONE NEWARK CENTER, 20TH FLOOR	
CITY-ST-ZIP	NEWARK, NJ 07102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KONVITZ, NORMAN	
STREET ADDRESS	1218 W. PARK AVE.	
CITY-ST-ZIP	WAYSIDE, NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MITTERHOFF, FRANCIS L.	
STREET ADDRESS	BROOK HOLLOW LN.	
CITY-ST-ZIP	BERNARDVILLE, NJ	
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NAME	CLARKE, BOGDA MS	
STREET ADDRESS	ONE NEWARK CENTER 20TH FLR	
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TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFRIN, EILEEN	
STREET ADDRESS	27 CARRIAGE HILL LANE	
CITY-ST-ZIP	COLUMBUS, NJ	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	MINSTER, ROBERT W	
STREET ADDRESS	1 NEWARK CENTER 20TH FLOOR	
CITY-ST-ZIP	NEWARK, NJ 07102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: *Lee T Hart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 973-624-7200
 Date Daytime Phone #