

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836497

FILED
Feb 23, 2009
Secretary of State

Entity Name: INTERNATIONAL FIDELITY INSURANCE COMPANY

Current Principal Place of Business:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

New Principal Place of Business:

Current Mailing Address:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 22-1010450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPA () Delete
Name: COSTA, MARIA D
Address: ONE NEWARK CENTER, 20TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: SD () Delete
Name: KONVITZ, NORMAN,
Address: 1218 W. PARK AVE.
City-St-Zip: WAYSIDE, NJ

Title: PD () Delete
Name: MITTERHOFF, FRANCIS, L.
Address: BROOK HOLLOW LN.
City-St-Zip: BERNARDVILLE, NJ

Title: SRVP () Delete
Name: CLARKE, BOGDA MS
Address: ONE NEWARK CENTER 20TH FLR
City-St-Zip: NEWARK, NJ 07102

Title: D () Delete
Name: SHEFFRIN, EILEEN
Address: 27 CARRIAGE HILL LANE
City-St-Zip: COLUMBUS, NJ

Title: SRVP () Delete
Name: MINSTER, ROBERT W
Address: 1 NEWARK CENTER 20TH FLOOR
City-St-Zip: NEWARK, NJ 07102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: SPIER, ARNOLD R
Address: ONE NEWARK CENTER, 20TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change () Addition
Name: TANZOLA, FRANK J
Address: ONE NEWARK CENTER 20TH FLR
City-St-Zip: NEWARK, NJ 07102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD SPIER

CFO

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date