

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836497

FILED
Feb 19, 2011
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

OFFICERS AND DIRECTORS:

Title: CFO
Name: RICCORDELLA, VINCENT M
Address: ONE NEWARK CENTER, 20TH FLOOR
City-St-Zip: NEWARK, NJ 07102

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK RICCORDELLA

CFO

02/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date