2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836497

FILED Feb 24, 2012 Secretary of State

Entity Name: INTERNATIONAL FIDELITY INSURANCE COMPANY

New Principal Place of Business: Current Principal Place of Business:

ONE NEWARK CENTER 20TH FLOOR NEWARK, NJ 07102

Current Mailing Address: New Mailing Address:

ONE NEWARK CENTER 20TH FLOOR NEWARK, NJ 07102

FEI Number: 22-1010450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

RICCORDELLA, VINCENT M CFO Name: ONE NEWARK CENTER, 20TH FLOOR Address:

City-St-Zip: NEWARK, NJ 07102

Title: SD

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

Title: PD

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

Title: SRVP

TANZOLA, FRANK J Name:

Address: ONE NEWARK CENTER 20TH FLR

City-St-Zip: NEWARK, NJ 07102

Title:

Name: SHEFFRIN, EILEEN Address: 27 CARRIAGE HILL LANE

City-St-Zip: COLUMBUS, NJ

Title: SRVP

Name: MINSTER, ROBERT W

1 NEWARK CENTER 20TH FLOOR Address:

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** 02/24/2012