

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836497

Entity Name: INTERNATIONAL FIDELITY INSURANCE COMPANY

FILED
Jun 10, 2020
Secretary of State
8488855496CC

Current Principal Place of Business:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

Current Mailing Address:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

FEI Number: 22-1010450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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

Officer/Director Detail :

Title VP
Name COSTA, MARIA
Address ONE NEWARK CENTER
20TH FLOOR
City-State-Zip: NEWARK NJ 07102

Title PRESIDENT, DIRECTOR
Name PIRRUNG, DAVID
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR
Name BATESON, TODD
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

Title SVP
Name JAMES, GEORGE
Address ONE NEWARK CENTER
20TH FLOOR
City-State-Zip: NEWARK NJ 07102

Title SECRETARY, DIRECTOR
Name BLINSON, MICHAEL
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

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

Title TREASURER
Name MRUK, JOHN J
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR
Name CUNNINGHAM, WILLIAM
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

Continues on page 2

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: MICHAEL BLINSON

SECRETARY

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name ODDI, ADRIAN
Address ONE NEWARK CENTER
20TH FLOOR
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR
Name COON, KENNETH
Address 702 OBERLIN ROAD
City-State-Zip: REALEIGH NC 27605

Title DIRECTOR
Name MILLER, ALISA
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR
Name MILLER, JAMES R
Address 702 OBERLIN ROAD
City-State-Zip: RALEIGH NC 27605