

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836497

**FILED**  
**Feb 17, 2018**  
**Secretary of State**  
**CC1547637564**

**Entity Name:** INTERNATIONAL FIDELITY INSURANCE COMPANY

**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 SVP, OTHER  
Name COSTA, MARIA  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title SECRETARY, DIRECTOR  
Name KONVITZ, NORMAN  
Address 1218 W. PARK AVE.  
City-State-Zip: WAYSIDE NJ

Title PRESIDENT, DIRECTOR  
Name MITTERHOFF, FRANCIS L.  
Address BROOK HOLLOW LN.  
City-State-Zip: BERNARDVILLE NJ

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

Title TREASURER, DIRECTOR  
Name KAGAN, ELLEN  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP, DIRECTOR  
Name SMITH, DAVID J  
Address 1 NEWARK CENTER 20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

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

Title EVP  
Name SAMPEDRO, BEATRIZ  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

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*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:** MARIA D COSTA

SVP/CAO

02/17/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title VP  
Name NAIRIN, BRIAN N  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name ST. CLAIR, BRIAN F  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name RANKIN, GEORGE O  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name PENNINGTON, JEFFREY M  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name SIGELBAUM, HARVEY C  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name BUTLER, JEFFREY D  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

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

Title VP  
Name LEUCK, GARY R  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

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

Title VP  
Name MARSHALL, ROBERT B  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name DIME, ANNA B  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name O'CONNOR-MANSON, DOROTHY  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name GOLDEN, CRAIG M  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name SHEFFIELD, MARTIN P  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102