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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 814820 (7)

1. Corporation Name
ARI MUTUAL INSURANCE COMPANY



Principal Place of Business Mailing Address
133 FRANKLIN CORNER RD **133 FRANKLIN CORNER RD**
P O BOX 6426 **P O BOX 6426**
LAWRENCEVILLE NJ 08648 **LAWRENCEVILLE NJ 08648-0426**
US **US**

3. Date Incorporated or Qualified **10/24/1960** 3a. Date of Last Report **03/06/1996**

21. Principal Place of Business Suite, Apt. #, etc. P.O. Box 6757 City & State Lawrenceville NJ Zip 08648 Country US	22. Mailing Address Suite, Apt. #, etc. P.O. Box 6757 City & State Lawrenceville NJ Zip 08648 Country US	4. FEI Number 21-0448855	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
23. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32302	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE FULTON, KAREN S. 200 COUNTRY LANE LANGHORNE PA	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Barry W. Blank	
STREET ADDRESS		1.3 STREET ADDRESS 18 La Vista Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Ponte Vedra, FL	
TITLE DC	<input type="checkbox"/> DELETE GEORGE L. BIELTZ JR. 1098 LANDS END RD HYPOLUZO ISLAND LA	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Karl D. Granlun	
STREET ADDRESS		2.3 STREET ADDRESS 1952 Yorkshire Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Blue Bell, PA	
TITLE D	<input type="checkbox"/> DELETE VOWTERAS, WILLIAM G 940 AMBOY AVENUE EDISON NJ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE SILIKA, THOMAS C 940 BURKE ROAD JACKSON NJ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE SILIKA, THOMAS C 940 BURKE ROAD JACKSON NJ	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen S. Fulton* **KAREN S. FULTON** 2/20/97 609-882-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Min Phone #

CR2E034 (9/96)