

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 02 1998 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 814820 (7)
1. Corporation Name
ARI MUTUAL INSURANCE COMPANY



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|---|---|
| Principal Place of Business PO BOX 6757 LAWRENCEVILLE NJ 08648 US | Mailing Address PO BOX 6757 LAWRENCEVILLE NJ 08648 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/24/1960 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 21-0448855 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 | | |
| | | | 85 Zip Code FL | | |

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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---------------------------------|
| TITLE | PT | 1.1 TITLE | Chief Financial Officer |
| NAME | FULTON, KAREN S. | 1.2 NAME | David A. Gerth |
| STREET ADDRESS | 200 COUNTRY LANE | 1.3 STREET ADDRESS | 323St Rotz Road # A |
| CITY-ST-ZIP | LANGHORNE PA | 1.4 CITY-ST-ZIP | Asbury, New Jersey 08802 |
| TITLE | DC | 2.1 TITLE | |
| NAME | GEORGE L. BIELTZ JR. | 2.2 NAME | |
| STREET ADDRESS | 1098 LANDS END RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HYPOLUZO ISLAND LA | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | VOWTERAS, WILLIAM G | 3.2 NAME | |
| STREET ADDRESS | 940 AMBOY AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDISON NJ | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | |
| NAME | SILIKA, THOMAS C | 4.2 NAME | |
| STREET ADDRESS | 940 BURKE ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON NJ | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | BLANK BLANK, BARRY W | 5.2 NAME | |
| STREET ADDRESS | 18 LA VISTA DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA. FL | 5.4 CITY-ST-ZIP | |
| TITLE | VP | 6.1 TITLE | |
| NAME | GRANLUN, KARL D | 6.2 NAME | |
| STREET ADDRESS | 1952 YORKSHIRE DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BLUE BELL PA | 6.4 CITY-ST-ZIP | |

14. I 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: *David A. Gerth* David A. Gerth (609)882-7500

CR2E034 (10/97)