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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90094 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 814820

1. Corporation Name
ARI MUTUAL INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 PO BOX 6757
 P O BOX 6426
 LAWRENCEVILLE NJ 08648
 US

Mailing Address
 PO BOX 6757
 LAWRENCEVILLE NJ 08648
 US

3. Date Incorporated or Qualified
10/24/1960

4. FEI Number
21-0448855

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Delete PO Box 6426

2a. Mailing Address
26

Suite, Apt. #, etc. **27**

City & State **28**

Zip Country **25** Zip Country **29** **30**

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

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

TITLE DELETE
 NAME PT
 STREET ADDRESS FULTON, KAREN S.
 CITY-ST-ZIP 200 COUNTRY LANE LANGHORNE PA

TITLE DELETE
 NAME DC
 STREET ADDRESS GEORGE L. BIELITZ JR.
 CITY-ST-ZIP 1098 LANDS END RD HYPOLUZO ISLAND LA

TITLE DELETE
 NAME D
 STREET ADDRESS VOWTERAS, WILLIAM G
 CITY-ST-ZIP 940 AMBOY AVENUE EDISON NJ

TITLE DELETE
 NAME CFO
 STREET ADDRESS GERTH, DAVID A.
 CITY-ST-ZIP 323 ST. ROTZ ROAD #A ASBURY NJ 08802

TITLE DELETE
 NAME D
 STREET ADDRESS BLANK BLANK, BARRY W
 CITY-ST-ZIP 18 LA VISTA DRIVE PONTE VEDRA. FL

TITLE DELETE
 NAME VP
 STREET ADDRESS GRANLUN, KARL D
 CITY-ST-ZIP 1952 YORKSHIRE DRIVE BLUE BELL PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS 1098 Lands End Rd - Hypoluxo Island
 2.4 CITY-ST-ZIP Lantana, FL 33462

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS 294 Creek Road
 4.4 CITY-ST-ZIP Frenchtown, NJ 08825

5.1 TITLE Change Addition

5.2 NAME Blank, Barry W

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 609-882-7500

Date Daytime Phone #

CR2E034 (1/198)