

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90051 009 ***150.00

DOCUMENT # 814820

1. Entity Name

ARI MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

PO BOX 6757
 LAWRENCEVILLE NJ 08648
 US

PO BOX 6757
 LAWRENCEVILLE NJ 08648-0757
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **21-0448855**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32302**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City **FL** Zip Code _____

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	FULTON, KAREN S.	
STREET ADDRESS	200 COUNTRY LANE	
CITY-ST-ZIP	LANGHORNE PA	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GEORGE L. BIELTZ JR.	
STREET ADDRESS	1098 LANDS END RD - HYPOLUXO ISLAND	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOWTERAS, WILLIAM G	
STREET ADDRESS	940 AMBOY AVENUE	
CITY-ST-ZIP	EDISON NJ	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GERTH, DAVID A.	
STREET ADDRESS	294 CREEK ROAD	
CITY-ST-ZIP	FRENCHTOWN NJ 08825	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANK, BERRY W	
STREET ADDRESS	18 LA VISTA DRIVE	
CITY-ST-ZIP	PONTE VEDRA, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRANLUN, KARL D	
STREET ADDRESS	1952 YORKSHIRE DRIVE	
CITY-ST-ZIP	BLUE BELL PA	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Langhorne, PA 19047	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edison, NJ 08837	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blank, Barry W.	
STREET ADDRESS	Ponte Vedra, FL 32082	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John T. Ericson	
STREET ADDRESS	3 Reading Avenue	
CITY-ST-ZIP	Frenchtown, NJ 08825	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. GERTH
DAVID A. GERTH

February 19, 2000 609-882-7500

Date

Daytime Phone #