

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90110 024 ***150.00

DOCUMENT # 814820

1. Entity Name
ARI MUTUAL INSURANCE COMPANY



Principal Place of Business
**PO BOX 6757
LAWRENCVILLE NJ 08648
US**

Mailing Address
**PO BOX 6757
LAWRENCVILLE NJ 08648
US**

00031061



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **21-0448855**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	FULTON, KAREN S.	200 COUNTRY LANE	LANGHORNE PA 19047	<input type="checkbox"/>
DC	GEORGE L. BIELTZ JR.	359 VILLA DR SOUTH	ATLANTIS FL 33462-1319	<input type="checkbox"/>
D	VOWTERAS, WILLIAM G	940 AMBOY AVENUE	EDISON NJ 08837	<input type="checkbox"/>
CFO	GERTH, DAVID A.	294 CREEK ROAD	FRENCHTOWN NJ 08825	<input type="checkbox"/>
D	BLANK, BARRY W	18 LA VISTA DRIVE	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
VP	ERICSON, JOHN T	13 WOODSTREAM COURT	LAMBERTVILLE NJ 08530	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3371 Brunswick Pike, PMB 302-201
Lawrenceville, NJ 08648**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

609-882-7500

Date

Daytime Phone #

CR2E034 (10/02)