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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

133 FRANKLIN CORNER RD
P O BOX 6426
LAWRENCEVILLE NJ 08648
US

Mailing Address

133 FRANKLIN CORNER RD
P O BOX 6426
LAWRENCEVILLE NJ 08648-0426
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 P.O. Box 6757
23 City & State
24 Zip
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 P.O. Box 6757
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified

10/24/1960

3a. Date of Last Report

03/06/1996

4. FEI Number

21-0448855

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PT	FULTON, KAREN S.	200 COUNTRY LANE	LANGHORNE PA	<input type="checkbox"/>
DC	GEORGE L. BIELTZ JR.	1098 LANDS END RD	HYPOLUZO ISLAND LA	<input type="checkbox"/>
D	VOWTERAS, WILLIAM G	940 AMBOY AVENUE	EDISON NJ	<input type="checkbox"/>
VP	SILIKA, THOMAS C	940 BURKE ROAD	JACKSON NJ	<input type="checkbox"/>
VP	SILIKA, THOMAS C	940 BURKE ROAD	JACKSON NJ	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Director	Barry W. Blank	18 La Vista Drive	Ponte Vedra, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Karl D. Granlun	1952 Yorkshire Drive	Blue Bell, PA	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN S. FULTON

Date

Daytime Phone

2/20/97

609-882-7500

CR2E034 (9/96)