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FILED
Mar 02 1998 8:00am
Secretary of State

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

Principal Place of Business

Mailing Address

PO BOX 6757
XXXX XXXX XXXX
LAWRENCEVILLE NJ 08648
US

PO BOX 6757
LAWRENCEVILLE NJ 08648
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1960

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32302

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Chief Financial Officer ☐ Change ☒ Addition
1.2 NAME David A. Gerth
1.3 STREET ADDRESS 323St Rotz Road # A
1.4 CITY-ST-ZIP Asbury, New Jersey 08802

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME SILIKA, THOMAS C
STREET ADDRESS 940 BURKE ROAD
CITY-ST-ZIP JACKSON NJ ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP
NAME GRANLUN, KARL D
STREET ADDRESS 1852 YORKSHIRE DRIVE
CITY-ST-ZIP BLUE BELL PA ☐ DELETE

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.

SIGNATURE:

David A. Gerth

(609)882-7500

CR2E034 (10/97)