

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-10-1999 90094 020 ***150.00

DOCUMENT # 814820

1. Corporation Name

ARI MUTUAL INSURANCE COMPANY

Principal Place of Business

PO BOX 6757
P O BOX 6426
LAWERENCVILLE NJ 08648
US

Mailing Address

PO BOX 6757
LAWERENCVILLE 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Delete PO Box 6426

2a. Mailing Address

Delete PO Box 6426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	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. BIELITZ JR.	
STREET ADDRESS	1098 LANDS END RD	
CITY-ST-ZIP	HYPOLUZO ISLAND LA	
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	323 ST. ROTZ ROAD #A	
CITY-ST-ZIP	ASBURY NJ 08802	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANK BLANK, BARRY W	
STREET ADDRESS	18 LA VISTA DRIVE	
CITY-ST-ZIP	PONTE VEDRA. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRANLUN, KARL D	
STREET ADDRESS	1952 YORKSHIRE DRIVE	
CITY-ST-ZIP	BLUE BELL PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	294 Creek Road
4.4 CITY-ST-ZIP	Frenchtown, NJ 08825
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Blank, Barry W
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

609-882-7500

Date

Daytime Phone #

CR2E034 (11/98)