

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90094 008 ***150.00

NOTE: 35 A1

DOCUMENT # 814820

1. Entity Name

ARI MUTUAL INSURANCE COMPANY

Principal Place of Business

**PO BOX 6757
 LAWRENCEVILLE NJ 08648
 US**

Mailing Address

**PO BOX 6757
 LAWRENCEVILLE NJ 08648
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT FULTON, KAREN S. 200 COUNTRY LANE LANGHORNE PA 19047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GEORGE L. BIELTZ JR. 1098 LANDS END RD - HYPOLUXO ISLAND LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOWTERAS, WILLIAM G 940 AMBOY AVENUE EDISON NJ 08837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GERTH, DAVID A. 294 CREEK ROAD FRENCHTOWN NJ 08825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, BARRY W 18 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERICSON, JOHN T 130 KINGWOOD-LOCKTOWN RD STOCKTON NJ 08559	<input type="checkbox"/> Delete

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2002

609-882-7500

Date

Daytime Phone #

CR2E034 (9/01)



133 Franklin Corner Road
P.O. Box 6757
Lawrenceville, NJ 08648-0757
609.882.7500 • Fax: 609.882.4088

329843

Attachment # 814820

February 18, 2002

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

In connection with the filing requirements of ARI Mutual Insurance Company with the State of Florida for 2001, enclosed is the following item:

1. Profit Corporation Annual Report 2001 along with a check for \$150.00.

Should you have any questions, do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "David A. Gerth", written over a horizontal line.

David A. Gerth
Chief Financial Officer

DAG/dmj

enclosures