

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814820

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: ARI MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

133 FRANKLIN CORNER ROAD  
LAWERENCVILLE, NJ 08648 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6757  
LAWERENCEVILLE, NJ 08648 US

**New Mailing Address:**

FEI Number: 21-0448855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: FULTON, KAREN S.,  
Address: 200 COUNTRY LANE  
City-St-Zip: LANGHORNE, PA 19047

Title: DC ( ) Delete  
Name: BIELITZ, GEORGE L  
Address: 359 VILLA DR SOUTH  
City-St-Zip: ATLANTIS, FL 334621319

Title: D ( ) Delete  
Name: VOWTERAS, WILLIAM G  
Address: 940 AMBOY AVENUE  
City-St-Zip: EDISON, NJ 08837

Title: CFO ( ) Delete  
Name: GERTH, DAVID A  
Address: 294 CREEK ROAD  
City-St-Zip: FRENCHTOWN, NJ 08825

Title: D ( ) Delete  
Name: BLANK, BARRY W  
Address: 18 LA VISTA DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: ERICSON, JOHN T  
Address: 3371 BRUNSWICK PIKE, PMB 302-201  
City-St-Zip: LAWRENCEVILLE, NJ 08648

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. GERTH

CFO

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date