

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814820

FILED
Jan 24, 2007
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: D (X) Change () Addition
Name: VOWTERAS, WILLIAM G
Address: 466 FRENCH ROYALE CIRCLE
City-St-Zip: ATLANTIS, FL 33462

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: KAREN S FULTON

PT

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date