2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# F03000006365

Entity Name: ARAG NORTH AMERICA INCORPORATED

Current Principal Place of Business:

400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 56-2399766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRENNAN, JAMES	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
Title:	S	( ) Delete
Name:	RICE, ANN	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
Title:	V	( ) Delete
Name:	RETHERFORD, MICHAEL	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
Title:	TV	( ) Delete
Name:	MURRAY, DAVID	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
Title:	D	( ) Delete
Name:	KATHAN, JOHANNES	
Address:	ARAG INTERNATION AG ARAG PLATZ 1	
City-St-Zip:	40239 DUSSELDORF GERMANY,	
Title:	D	( ) Delete
Name:	SCHMITZ, DIETER	
Address:	ARAG INTERNATION AG ARAG PLATZ 1	
City-St-Zip:	40239 DUSSELDORF GERMANY,	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	BRENNAN, JAMES	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
Title:	SEC	(X) Change ( ) Addition
Name:	RICE, ANN	
Address:	400 LOCUST STREET, SUITE 480	
City-St-Zip:	DES MOINES, IA 50309	
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 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 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: ANN M RICE SEC 07/01/2004

Electronic Signature of Signing Officer or Director — Date