2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006365

1. Entity Name
ARAG NORTH AMERICA INCORPORATED

Principal Place of Business
400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

Mailing Address
400 LOCUST STREET, SUITE 480
DES MOINES, IA 50309

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2399766 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRENNAN, JAMES
STREET ADDRESS	400 LOCUST STREET, SUITE 480
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	SEC
NAME	RICE, ANN
STREET ADDRESS	400 LOCUST STREET, SUITE 480
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	V
NAME	RETHERFORD, MICHAEL
STREET ADDRESS	400 LOCUST STREET, SUITE 480
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	TV
NAME	MURRAY, DAVID
STREET ADDRESS	400 LOCUST STREET, SUITE 480
CITY-ST-ZIP	DES MOINES, IA 50309
TITLE	D
NAME	KATHAN, JOHANNES
STREET ADDRESS	ARAG INTERNATION AG ARAG PLATZ 1
CITY-ST-ZIP	40239 DUSSELDORF GERMANY,
TITLE	D
NAME	SCHMITZ, DIETER
STREET ADDRESS	ARAG INTERNATION AG ARAG PLATZ 1
CITY-ST-ZIP	40239 DUSSELDORF GERMANY,

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01/19/05-80021-006 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/13/05 515-246-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #