2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006365

Entity Name: ARAG NORTH AMERICA INCORPORATED

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309				New Principal Place of Business:	
Current Mailing Address:			New Mailir	New Mailing Address:	
400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309					
FEI Number: 56-2399766		FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADD			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E BRENNAN, JAME 400 LOCUST STI DES MOINES, IA	REET, SUITE 480	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FISHMAN, ROBERT 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	SEC () E RICE, ANN 400 LOCUST STI DES MOINES, IA		Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition COSIMANO, ANN 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	RETHERFORD, M	REET, SUITE 480	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition MURRAY, DAVID 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	TV ()E MURRAY, DAVID 400 LOCUST STI DES MOINES, IA	REET, SUITE 480	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAKER, DAVID 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	KATHAN, JOHAN	ION AG ARAG PLATZ 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHMITZ, DIETE	ION AG ARAG PLATZ 1	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ANN COSIMANO SEC 01/05/2006