

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001765

FILED
Feb 17, 2010
Secretary of State

Entity Name: ARAG INSURANCE COMPANY

Current Principal Place of Business:

400 LOCUST ST, SUITE 480
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST ST, SUITE 480
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-1338303

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: D
Name: SCHWARZE, JOERG
Address: 400 LOCUST ST, SUITE 480
City-St-Zip: DES MOINES, IA 50309

Title: SEC
Name: COSIMANO, ANN
Address: 400 LOCUST ST, SUITE 480
City-St-Zip: DES MOINES, IA 50309

Title: D
Name: KATHAN, JOHANNES
Address: 400 LOCUST ST, SUITE 480
City-St-Zip: DES MOINES, IA 50309

Title: CFO
Name: MURRAY, DAVID
Address: 400 LOCUST STREET, STE. 480
City-St-Zip: DES MOINES, IA 50309

Title: CEO
Name: CAMERON, SUTTON
Address: 400 LOCUST STREET, STE. 480
City-St-Zip: DES MOINES, IA 50309

I hereby 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 all other like empowered.

SIGNATURE: ANN COSIMANO

SEC

02/17/2010

Electronic Signature of Signing Officer or Director

Date