F99000002899

To: Qualification/Tax Lien Section Division of Corporations		
•		99-11024
SUBJECT: ARAG USA, Inc.		99-11009
(Name of corporati	on - must include suffix)	•
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Busine register the above referenced foreign	ess in Florida", ign corporation
Please return all correspondence concerning this matte	er to the following:	
Joan D.	Trout	
	f Person)	V14955
Arag Gr	oup	
(Firm/Co		<u> </u>
400 Locust Stre (Add		gradina in the section of the sectio
·		
Des Moines, Iow	<u> </u>	- · · · · · · · · · · · · · · · · · · ·
(City/Sta	**	
	-05/0	28669239)7/9901067002
Should you need to call someone concerning this matter	er, please call:	**70.00 *****70.00
Joan D. Trout at (515	_) 246-1200	•
	Code & Daytime Telephone Numb	per) -
		Name MJH Availability
STREET ADDRESS:	MAILING ADDRESS:	Document Music
Qualification/Tax Lien Section	Qualification/Tax Lien Section	Updater ·
Division of Corporations	Division of Corporations	duca er
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	Verifyer
	Tantanassee, I'L 32314	Acknowledgement
Enclosed is a check for the following amount:		w. P. Verifyer
S \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status		50 Filing Fee, ifficate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 24, 1999

JOAN D. TROUT ARAG GROUP 400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309

SUBJECT: ARAG USA, INC. Ref. Number: W99000011024

We have received your document for ARAG USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 899A00025780

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OT	RAG USA, Inc.	
(Name of corpor	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	· —
	viations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)	
F		
. Iowa	3. 42-1475882	
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)	
. 6/24/	/00 5 Pernetual	
	/98 5. Perpetual te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	- 1 ELL
•		
i. <u>Upo</u>	on Oualification t transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	- 1 mag (r
(Date IIIst		
7	400 Locust Street, Suite 480	··· -
	Des Moines, Iowa 50309	
	(Current mailing address)	
R. Marketin	ng and administration of insured and/or non-insured legs	a <u>l se</u> rvices
3. <u>Marketir</u> (Purpose(s	ng and administration of insured and/or non-insured lega (s) of corporation authorized in home state or country to be carried out in state of Florida)	al services plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida)	plans.
(Purpose(s	ng and administration of insured and/or non-insured lega (s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida)	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road Platation, , Florida, 33324	plans.
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road Platation, , Florida, 33324	plans.
(Purpose(s 9. Name and stre Name: Office Address: 10. Registered a	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road Platation, , Florida, 33324 (Zip code) agent's acceptance:	plans.
(Purpose(s)) Name and street Name: Office Address: 10. Registered a Having been name	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road Platation, , Florida, 33324 (Zip code) agent's acceptance: red as registered agent and to accept service of process for the above stated corporation at the place the description of the place the service of the appointment as registered agent and agree to act in this capacity. I further agree to act in this capacity.	plans.
(Purpose(s)) Name and street Name: Office Address: 10. Registered a Having been name this application, I is with the provisions	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System 1200 S. Pine Island Road Platation, , Florida, 33324 (Zip code) agent's acceptance: red as registered agent and to accept service of process for the above stated corporation at the place thereby accept the appointment as registered agent and agree to act in this capacity. I further agents of all statutes relative to the proper and complete performance of my duties, and I am familiar to	plans.
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman:	James R. Brennan
Address:	400 Locust Street, Suite 480
<u> </u>	Des Moines, Iowa 50309
	Michael A. Retherford
	400 Locust Street, Suite 480
	Des Moines, Iowa 50309
	Joan D. Trout
	400 Locust Street, Suite 480
	Des Moines, Towa 50309
	David A. Baker
	400 Locust Street, Suite 480
	Des Moines, Iowa 50309
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)
President:	James R. Brennan
Address:	400 Locust Street, Suite 480
<u></u>	Des Moines, Iowa 50309
Vice President: _	Michael A. Retherford
Address:	400 Locust Street, Suite 480
	Des Moines, Iowa 50309
	Joan D. Trout
	400 Locust Street, Suite 480
	Des Moines, Iowa 50309
Treasurer:	Michael A. Retherford
	400 Locust Street, Suite 480
	Des Moines, Iowa 50309
ral Counsel NOTE: If neces	L:David A. Baker Address same as above sary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	Joan D. Trout, Secretary
	(Typed or printed name and capacity of person signing application)



No. 00121509 Date: 05/17/1999

490 DP-000218631 ARAG LLC JOANN STEACIE ATTN 400 LOCUST ST STE 480 DES MOINES, IA 50309

CERTIFICATE OF EXISTENCE

Name: ARAG USA, INC. Begin date: 19980624 Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

