

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006365

**Entity Name:** ARAG NORTH AMERICA INCORPORATED**Current Principal Place of Business:**400 LOCUST STREET  
SUITE 480  
DES MOINES, IA 50309**Current Mailing Address:**400 LOCUST STREET  
SUITE 480  
DES MOINES, IA 50309**FEI Number:** 56-2399766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | SEC                          |
| Name            | COSIMANO, ANN                |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-Zip: | DES MOINES IA 50309          |

|                 |                              |
|-----------------|------------------------------|
| Title           | PRES                         |
| Name            | MURRAY, DAVID                |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-Zip: | DES MOINES IA 50309          |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | SCHWARZE, JOERG              |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-Zip: | DES MOINES IA 50309          |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | KATHAN, JOHANNES             |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-Zip: | DES MOINES IA 50309          |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | NICOLL, WERNER               |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-Zip: | DES MOINES IA 50309          |

|                 |                              |
|-----------------|------------------------------|
| Title           | TRES                         |
| Name            | MORSE, ANDREA                |
| Address         | 400 LOCUST STREET, SUITE 480 |
| City-State-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**SECRETARY****02/08/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date