

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006365

Entity Name: ARAG NORTH AMERICA INCORPORATED**Current Principal Place of Business:**500 GRAND AVENUE
SUITE 100
DES MOINES, IA 50309**Current Mailing Address:**500 GRAND AVENUE
SUITE 100
DES MOINES, IA 50309 US**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	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	PRES
Name	MURRAY, DAVID
Address	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	SCHWARZE, JOERG
Address	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	LORENZEN, JEFFREY
Address	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	NICOLL, WERNER
Address	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	TRES
Name	MORSE, ANDREA
Address	500 GRAND AVENUE SUITE 100
City-State-Zip:	DES MOINES IA 50309

Title	DIRECTOR
Name	HEIERMANN, KLAUS
Address	500 GRAND AVENUE SUITE 100
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****03/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date