

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>PRINCIPAL FINANCIAL GROUP INC</u> (Last) (First) (Middle) <u>711 HIGH STREET</u> (Street) <u>DES MOINES IA 50392</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>HEALTHEXTRAS INC [HLEX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/22/2004</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	11/22/2004		S		750,000	D	\$14.6	8,090,000	I ⁽¹⁾	By subsidiary. ⁽¹⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
PRINCIPAL FINANCIAL GROUP INC
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)
DES MOINES IA 50392
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
PRINCIPAL FINANCIAL SERVICES INC
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)
DES MOINES IA 50392
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
PRINCIPAL LIFE INSURANCE CO
 (Last) (First) (Middle)
711 HIGH STREET
 (Street)

DES MOINES IA 50392

(City) (State) (Zip)

1. Name and Address of Reporting Person*

PRINCIPAL HOLDING CO

(Last) (First) (Middle)

711 HIGH STREET

(Street)

DES MOINES IA 50392

(City) (State) (Zip)

Explanation of Responses:

1. These shares are owned directly by Principal Holding Company, a wholly-owned subsidiary of Principal Life Insurance Company, a wholly-owned subsidiary of Principal Financial Services, Inc., a wholly-owned subsidiary of Principal Financial Group, Inc. Principal Life Insurance Company, Principal Financial Services, Inc. and Principal Financial Group, Inc. are indirect beneficial owners of the reported securities.

Remarks:

Michael H. Gersie, Executive
Vice President and Chief
Financial Officer, Principal 11/23/2004
Financial Group

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.