#### **OHARA THOMAS E**

Form 5

February 07, 2005

# FORM 5 UNITED STATES SECURITIES AND EVOLANCE COMMISSION OMB

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Expires: January 31, 2005

Number:

3235-0362

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
Reported
Form 4 30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * OHARA THOMAS E			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	NAIC GROWTH FUND INC [grf] 3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)		
			(Month/Day/Year) 12/31/2004	Director 10% Owner X Officer (give title Other (specif		
711 W THIRTEEN MILE RD				below) below) Chairman		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting		
				(check applicable line)		

### MADISON HEIGHTS, MIÂ 48071

\_X\_ Form Filed by One Reporting Person \_\_ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) T	able I - Non-D	Derivative S	Securi	ities Acquire	ed, Disposed of	, or Beneficia	lly 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. Securit or Dispos (Instr. 3, 4	ed of (	` ′	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
NAIC Goowth Fund, Inc.	01/29/2004	01/29/2004	J <u>(1)</u>	46.262	` ,	\$ 10.4101	1,429.353 (2)	I	By Self as Trustee
NAIC Growth Fund, Inc.	01/29/2004	01/29/2004	J <u>(1)</u>	8.786	A	\$ 10.4101	271.456	I	NAIC Associates

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

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 control number.

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	
Derivative	Conversion	(Month/Day/Year)	•	Transaction	Number	Expiration D		Amou		Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	, ,	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
					,						
									Amount		
						Date	Expiration		or		
						Exercisable Date	•	Title	Number		
							Date		of		
					(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
OHARA THOMAS E							
711 W THIRTEEN MILE RD	Â	Â	Chairman	Â			
MADISON HEIGHTS, MI 48071							

## **Signatures**

Thomas E.
O'Hara

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) J- Dividend Reinvestment
- (2) Additional shares owned: Directly 2000.000 IRA Indirectly 7455.000 Investment Club

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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