
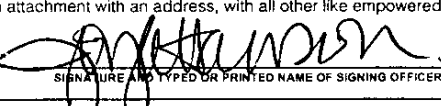


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90235 047 \*\*\*150.00

<b>DOCUMENT # 844332</b> 1. Entity Name <b>AMEX ASSURANCE COMPANY</b>					
Principal Place of Business <b>3500 PACKERLAND DRIVE DE PERE, WI 54115 US</b>			Mailing Address <b>P O BOX 19054 GREEN BAY, WI 54307-9054 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 19020</b> Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Green Bay WI</b> Zip <b>54307-9020 US</b>		4. FEI Number <b>36-2760101</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CIAM, KENNETH J.</b> <b>3500 PACKERLAND DRIVE</b> <b>DE PERE, WI 54115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WILSON, DIANNE L</b> <b>3500 PACKERLAND DR.</b> <b>DE PERE, WI 54115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOHNSTON, PAUL R</b> <b>172 AMERIPRISE FINANCIAL CENTER</b> <b>MINNEAPOLIS, MN 55474</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Moore, Thomas R</b> <b>172 Ameriprise Financial Center</b> <b>Minneapolis MN 55474</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BERMAN, WALTER S</b> <b>200 VESEY STREET</b> <b>NEW YORK, NY 10285</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Laidman, Richard A</b> <b>172 Ameriprise Financial Center</b> <b>Minneapolis MN 55474</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRAZIER, LARRY W VP/D</b> <b>3500 PACKERLAND DRIVE</b> <b>DE PERE, WI 54115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REBECCA, NASH VP</b> <b>3500 PACKERLAND DRIVE</b> <b>DEPERE, WI 34115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			Date <b>4/16/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>920-431-4024</b>		

ATTACHMENT  
40084778

#844332

11. OFFICERS & DIRECTORS (continued)

TITLE: D  
NAME: BELMONTE, LAWRENCE A  
ADDRESS: WORLD FINANCIAL CENTER  
200 VESEY STREET  
CITY/ST/ZIP: NEW YORK, NY 10285

TITLE: V  
NAME: BOOGAARD, THOMAS J  
ADDRESS: 3500 PACKERLAND DR  
CITY/ST/ZIP: DEPERE, WI 54115

TITLE: V/D  
NAME: BOTSFORD, THOMAS S  
ADDRESS: 3500 PACKERLAND DR  
CITY/ST/ZIP: DEPERE, WI 54115

TITLE: V  
NAME: BUSH, RICHARD N  
ADDRESS: 172 AMERIPRISE FINANCIAL CENTER  
CITY/ST/ZIP: MINNEAPOLIS MN 55474

TITLE: V  
NAME: CONRAD, DEBRA M  
ADDRESS: 3500 PACKERLAND DR  
CITY/ST/ZIP: DEPERE, WI 54115

TITLE: D  
NAME: HANSON, JOY A  
ADDRESS: 3500 PACKERLAND DR  
CITY/ST/ZIP: DEPERE, WI 54115

TITLE: D  
NAME: HEMMINGS, RICHARD A  
ADDRESS: 115 SOUTH LASALLE ST  
CITY/ST/ZIP: CHICAGO, IL 60603

TITLE: V  
NAME: KEELEY, MICHELLE M  
ADDRESS: 172 AMERIPRISE FINANCIAL CENTER  
CITY/ST/ZIP: MINNEAPOLIS MN 55474

TITLE: D  
NAME: LOLLI, CHRISTOPHER J  
ADDRESS: 10 S WACKER DR  
CITY/ST/ZIP: CHICAGO, IL 60606

TITLE: V  
NAME: MURPHY, THOMAS W  
ADDRESS: 172 AMERIPRISE FINANCIAL CENTER  
CITY/ST/ZIP: MINNEAPOLIS MN 55474

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40084778

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TITLE: V  
NAME: ROEVER, REBECCA L  
ADDRESS: 3500 PACKERLAND DR  
CITY/ST/ZIP: DEPERE, WI 54115

TITLE: D  
NAME: RUFFIN, NAEEMAH  
ADDRESS: WORLD FINANCIAL CENTER  
200 VESEY STREET  
CITY/ST/ZIP: NEW YORK, NY 10285

TITLE: V  
NAME: SAUL, BRUCE H  
ADDRESS: 172 AMERIPRISE FINANCIAL CENTER  
CITY/ST/ZIP: MINNEAPOLIS MN 55474

TITLE: D  
NAME: STREIT, MICHAEL S  
ADDRESS: 10 S WACKER DR  
CITY/ST/ZIP: CHICAGO, IL 60606

TITLE: D  
NAME: WILLIAMS, JEFFREY A  
ADDRESS: 2512 W DUNLAP AVE  
CITY/ST/ZIP: PHOENIX AZ, 85021