


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90187 032 \*\*\*150.00

|  |                              |  |   |  |   |
|--|------------------------------|--|---|--|---|
| DOCUMENT # F02000004895  |                              |  |   |         |   |
| 1. Entity Name<br>AMERIPRISE AUTO & HOME INSURANCE AGENCY, INC.  |                              |  |   |  |   |
| Principal Place of Business<br>3500 PACKERLAND DRIVE<br>DE PERE, WI 54115  |                              |  | Mailing Address<br>3500 PACKERLAND DRIVE<br>DE PERE, WI 54115 |  |   |
| 2. Principal Place of Business - No P.O. Box #   |                              | 3. Mailing Address   |   |  |   |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.  |   |  |   |
| City & State   |                              | City & State   |   | 04022007 Chg-P CR2E034 (12/06)   |   |
| Zip  |                              | Country  |   | 4. FEI Number<br>82-0541142  |   |
|  |                              |  |   | Applied For<br>Not Applicable  |   |
|  |                              |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |                              |  | 7. Name and Address of New Registered Agent                   |  |   |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |                              |  | Name  |  |   |
|  |                              |  | Street Address (P.O. Box Number is Not Acceptable)            |  |   |
|  |                              |  | City  |  | FL  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                              |  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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</b><br><b>Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS   |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |  |   |
| TITLE  | PCD                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | FRAZIER, LARRY W             |  | NAME  |  |   |
| STREET ADDRESS   | 3500 PACKERLAND DRIVE        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | DE PERE, WI 54115            |  | CITY-ST-ZIP   |  |   |
| TITLE  | VPD                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | GINGRICH, JON P              |  | NAME  |  |   |
| STREET ADDRESS   | 3500 PACKERLAND DRIVE        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | DE PERE, WI 54115            |  | CITY-ST-ZIP   |  |   |
| TITLE  | VPD                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | JENSEN, MICHELLE M           |  | NAME  |  |   |
| STREET ADDRESS   | 3500 PACKERLAND DRIVE        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | DE PERE, WI 54115            |  | CITY-ST-ZIP   |  |   |
| TITLE  | VPSC                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   | Secretary  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | JOHNSTON, PAUL R             |  | NAME  | Bruce H. Saul  |   |
| STREET ADDRESS   | 200 AMERIPRISE FINANCIAL CTR |  | STREET ADDRESS  | 200 Ameriprise Financial Center  |   |
| CITY-ST-ZIP  | MINNEAPOLIS, MN 55474        |  | CITY-ST-ZIP   | Minneapolis, MN 55474  |   |
| TITLE  | ASD                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   | GNIOT, TIFFANY R             |  | NAME  |  |   |
| STREET ADDRESS   | 3500 PACKERLAND DRIVE        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | DE PERE, WI 54115            |  | CITY-ST-ZIP   |  |   |
| TITLE  |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME   |                              |  | NAME  |  |   |
| STREET ADDRESS   |                              |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  |                              |  | CITY-ST-ZIP   |  |   |
| 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 of 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: <u>Kathryn Bealka Kathryn Bealka</u>  |                              |  | Date: <u>4/13/07</u> (612)671-6463                            |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                              |  | Daytime Phone #   |  |   |

ATTACHMENT

60036269

#F02000004895-

AMERIPRISE AUTO & HOME INSURANCE AGENCY INC.

11/06

DIRECTORS

LARRY W. FRAZIER  
JON P. GINGRICH  
TIFFANY R. GNIOT  
MICHELLE M. JENSEN

| <u>OFFICERS</u>         | <u>TITLE</u>                                  | <u>BUSINESS ADDRESS</u>                                  |
|-------------------------|---|--|
| LARRY W. FRAZIER        | PRESIDENT AND CEO                             | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| JON P. GINGRICH         | VICE PRESIDENT                                | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| MICHELLE M. JENSEN      | VICE PRESIDENT                                | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| NEYSA M. ALECU          | ANTI-MONEY LAUNDERING OFFICER                 | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| BENJI ORR               | DEPUTY MONEY LAUNDERING<br>PREVENTION OFFICER | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| WALTER S. BERMAN        | TREASURER                                     | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| BRUCE H. SAUL           | SECRETARY                                     | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| HEATHER M. SOMERS       | ASSISTANT GENERAL COUNSEL.                    | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| CURT J. BEGOTKA         | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| ALAN CHAMPINE           | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| DEBRA A. COMBS          | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| TIFFANY R. GNIOT        | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| SARAH JACQUES           | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| KEVIN LUEBKÉ            | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| ROBERT NYMAN            | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| STACEY PREVOST          | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| DIANNE T. ROSE          | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| KASEY L. ROSS           | ASSISTANT SECRETARY                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| NANCY VON SIEN          | ASSISTANT SECRETARY                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| JESSICA ZOELLER-GRISSOM | ASSISTANT SECRETARY                           | 3500 PACKERLAND DRIVE<br>DEPERE, WI 54115                |
| AMY M. ANGEL            | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| LORI J. ANSHUS          | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| KATHRYN BEALKA          | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| JOEL L. CAMPBELL        | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| MICHAEL H. GILMORE      | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| JOHN J. HIRSCH          | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |
| ROCHELLE C. LOCKWOOD    | ASSISTANT TREASURER                           | 200 Ameriprise Financial Center<br>Minneapolis, MN 55474 |