

FO200000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

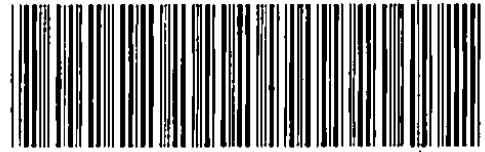
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



4003353891!

C. GOLDEN

OCT - 8 2019

2019 OCT 8 11:00 AM

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 944983 7572230
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : October 4, 2019
ORDER TIME : 3:35 PM
ORDER NO. : 944983-045
CUSTOMER NO: 7572230

FOREIGN FILINGS

NAME: AMERIPRISE AUTO & HOME
INSURANCE AGENCY, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ameriprise Auto & Home Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F02000004895

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Ripp

Name of Contact Person

American Family Insurance

Firm/Company

6000 American Parkway, Mailstop Q11F

Address

Madison, WI 53783

City/State and Zip Code

mripp1@amfam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ripp

at (608) 242-4100 ext. 34807

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

2019 OCT -7 AM 10:00

SECTION I
(1-3 MUST BE COMPLETED)

F02000004895

(Document number of corporation (if known))

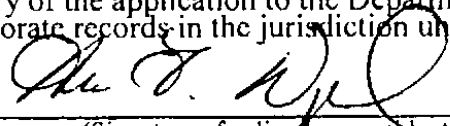
1. Ameriprise Auto & Home Insurance Agency, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Wisconsin 3. 09/26/2002
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? October 1, 2019
5. American Family Connect Insurance Agency, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated" appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not less than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other officer having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ann F. Wenzel Assistant Secretary

(Typed or printed name of person signing) (Title of person signing)

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, I
Financial Institutions, do hereby certify that the annexed copy has been compared by me with th
in the Corporation Section of the Division of Corporate & Consumer Services of this department
same is a true copy thereof and the whole of such record; and that I am the legal custodian of sai
that this certification is in due form.



IN TESTIMONY WHEREO
hereunto set my hand and affixed th
of the Department.

A handwritten signature in black ink, appearing to read "Mary Ann McCoshen". The signature is written in a cursive, flowing style.

MARY ANN McCOSHEN, Admin
Division of Corporate and Consum
Department of Financial Institution

DATE: OCT -2 2019

BY:

A handwritten signature in black ink, appearing to be a stylized name. The signature is written in a cursive, flowing style.

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
AMERIPRISE AUTO & HOME INSURANCE AGENCY, INC.
(A Wisconsin Business Corporation)**

These Amended and Restated Articles of Incorporation supersede and take the place heretofore existing Restated Articles of Incorporation, and all amendments thereto, of Ameriprise Auto & Home Insurance Agency, Inc., a corporation organized under Chapter 180 Wisconsin Statutes.

ARTICLE I

Name: The name of the corporation is American Family Connect Insurance Agency, Inc. (the "Corporation").

ARTICLE II

Purpose: The Corporation is organized for any purpose permitted under Chapter 180 of the Wisconsin Statutes.

ARTICLE III

Authorized Stock: The aggregate number of shares that the Corporation has authorized to issue is One Hundred (100), consisting of a single class designated as "Common Stock" and having a par value of One Dollar (\$1.00) per share.

ARTICLE IV

Registered Office and Registered Agent: The address of the registered office of the Corporation is 8040 Excelsior Drive, Suite 400, Madison, Wisconsin 53717. The name of the registered agent at that address is Corporation Service Company.

ARTICLE V

Action by Shareholders Without a Meeting: Any action required or permitted to be taken by the Corporation may be taken without a meeting, without notice and without a vote, if a consent or consents in writing, setting forth the action so taken, is signed by the holders of outstanding shares having not less than the minimum number of shares that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted, and such consent or consents are delivered to the Corporation, all in conformance with Wisconsin law.


1279048-1



ARTICLE VI

Quorum and Voting Requirements for Shareholders: The Bylaws of the Corporation provide for a greater or lower quorum requirement or a greater voting requirement for shareholders or voting groups of shareholders than is provided by applicable law.

Executed to be effective as of the 1st day of October, 2019.

By: 
Ann F. Wenzel
Assistant Secretary

Attest: Mary J. Ripp

CERTIFICATE

This is to certify that the foregoing restated articles of incorporation

A. Does not contain any amendment requiring shareholder approval and were adopted by the board of directors or incorporators.

OR

B. Contains one or more amendments to the articles of incorporation

(NOTE: Select and mark (X) for A. or B. above.

COMPLETE THIS SECTION only if you have marked "B" above.

Amendment(s) adopted on October 1, 2019 (Date)

(Indicate the method of adoption by checking (X) the appropriate choice below.)

In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)

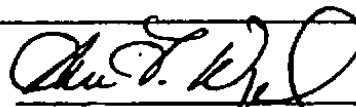
OR

In accordance with sec. 180.1003 and 180.1004, Wis. Stats. (By the Board of Directors and Shareholders)

OR

In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, by issuance of shares)

C. Executed on October 1, 2019 (Date)


(Signature)

Title: President Secretary
or other officer title Assistant Secretary

Ann F. Dente
(Printed name)

This document was drafted by Mary J Ripp, American Family I
(Name the individual who drafted the document)

INSTRUCTIONS (Ref. sec. 180.1007 Wis. Stats. for document content)

Submit one original along with the required filing fee of \$40.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats.

Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 201 W. Washington Ave - Suite 300 Madison WI 53703	Phone: 608 FAX: 608 TTY: 711
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NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

RESTATED ARTICLES OF INCORPORATION STOCK FOR-PROFIT CORPORATION - Ch. 1

AMERIPRISE AUTO & HOME INSURANCE AGENCY, INC.

Received Date: 10/1/2019

Filed Date: 10/2/2019

Filing Fee: \$40.00

Expedited Fee: \$25.00

Total Fee: \$65.00

Entity ID#: A042937

**NAME CHANGE
CHANGES REGISTERED AGENT & REGISTERED OFFICE ADDRESS**