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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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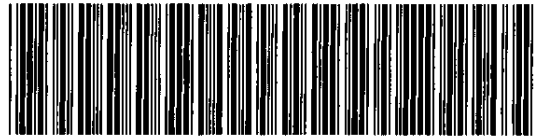
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JOHN K. BAKER  
W. CHRISTOPHER BARRIER  
SHERRY P. BARTLEY  
STEVE BAUMAN  
R. T. BEARD, III  
C. DOUGLAS BUFORD, JR.  
FREDERICK K. CAMPBELL<sup>1</sup>  
MICHELLE H. CAULEY  
CHARLES B. CLIETT, JR.<sup>2</sup>  
KEN COOK  
DOAK FOSTER<sup>1</sup>  
BYRON FREELAND  
ALLAN GATES<sup>1</sup>  
KATHLYN GRAVES  
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L. KYLE HEFFLEY  
DONALD H. HENRY  
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STUART P. MILLER  
T. ARK MONROE, III<sup>4</sup>  
ANNE S. PARKER  
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DERRICK W. SMITH  
STAN D. SMITH  
MARCELLA J. TAYLOR  
JEFFREY THOMAS<sup>5</sup>  
NICHOLAS THOMPSON<sup>6</sup>

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: **AMERIPRISE INSURANCE COMPANY**

Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Corporation for Authorization to Transact Business in Florida together with a Certificate of Authority which evidences the existence of the corporation in its domestic state of Wisconsin. We are also enclosing our check in the amount of \$87.50 which represents the filing fee and the fees for obtaining a Certificate of Status and a certified copy.

If possible, please return the Certificate of Status and certified copy to my attention via Federal Express. You are welcome to use our Federal Express account number which is 0722-0362-3.

Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By 

June Stracener, FLMI  
Paralegal  
jstracener@mwsqw.com

BJS:dm

Enclosure

cc: Ms. Stacey Prevost  
Ms. Tiffany Gniot  
Mr. Rick Campbell

LAW OFFICES

**MITCHELL, WILLIAMS,  
SELIG, GATES & WOODYARD, P.L.L.C.**

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

5414 PINNACLE POINT DRIVE, SUITE 500  
ROGERS, ARKANSAS 72758-8131  
TELEPHONE 479-464-5650  
FAX 479-464-5680

WRITER'S DIRECT DIAL  
501-370-4225

June 7, 2006

VIA FEDERAL EXPRESS

WILLIAM H.L. WOODYARD, III, P.A.  
WALTER G. WRIGHT, JR.  
<sup>7</sup>KYNDA ALMEFTY-HERNANDEZ  
LINDSEY K. BELL  
P. BENJAMIN COX  
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BRIAN HYNEMAN  
SHAWN J. JOHNSON  
MARGARET A. JOHNSTON  
DAVID L. JONES  
TONY JUNEAU  
TAMLA J. LEWIS  
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LANEY GOSSETT MCCONNELL  
P. DELANNA PADILLA  
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JENNIFER R. PIERCE  
SHANNON SHORT SMITH  
JEFFREY L. SPILLYARDS  
<sup>9</sup>J. RYAN TREDWAY

COUNSEL  
<sup>1</sup>DAVID BOLING  
JEFFREY H. DIXON  
JOSEPH W. GELZINE  
<sup>10</sup>H. MAURICE MITCHELL  
MARSHALL S. NEY  
JEAN D. STOCKBURGER  
RICHARD A. WILLIAMS, P.A.

<sup>1</sup> ALSO ADMITTED IN DISTRICT OF COLUMBIA  
<sup>2</sup> ALSO ADMITTED IN COLORADO  
<sup>3</sup> ALSO ADMITTED IN THE U.S. PATENT  
AND TRADEMARK OFFICE  
<sup>4</sup> ALSO ADMITTED IN TEXAS  
<sup>5</sup> ALSO ADMITTED IN ARIZONA AND TEXAS  
<sup>6</sup> ALSO ADMITTED IN NEW YORK  
<sup>7</sup> ADMITTED IN TEXAS  
ALL OTHERS ADMITTED IN ARKANSAS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ameriprise Insurance Company  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

June Stracener  
(Name of Person)

Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.  
(Firm/Company)

425 West Capitol Avenue, Suite 1800  
(Address)

Little Rock, Arkansas 72201  
(City/State and Zip code)

For further information concerning this matter, please call:

June Stracener at ( 501 ) 370-4225  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2006

MITCHELL, WILLIAMS, SELIG, GATES & WOODYARD, P.L.L.C.  
425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, AR 72201-3525

SUBJECT: AMERIPRISE INSURANCE COMPANY  
Ref. Number: W06000026392

We have received your document for AMERIPRISE INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 806A00039690

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ameriprise Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 65-1261374  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-4-05 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3500 Packerland Drive, De Pere, WI 54115  
(Principal office address)

3500 Packerland Drive, De Pere, WI 54115  
(Current mailing address)

8. property/casualty insurance company  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)  
John J. Linnihan, Asst. Vice President

11. Attached is a certificate of existence duly authenticated; not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: See Attached List

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Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: See attached list

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Kenneth John Ciak

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: See Attached List

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Paul Roberts Johnston

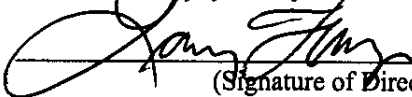
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: Walter Stanley Berman

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.



(Signature of Director or Officer listed in number 12 of the application)

14.

Larry Frazier, Director AND VICE president

(Typed or printed name and capacity of person signing application)

# AMERIPRISE INSURANCE COMPANY

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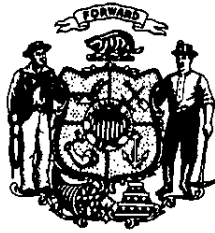
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## DIRECTORS

NAME
Kenneth John Ciak, Chairman
Larry William Frazier
David Ray Hubers
Theodore Michael Jenkin
Paul Roberts Johnston
Eric Lund Marhoun
Bridget Mary Sperl
Lisa Ann Steffes
John Theodore Sweeney
Diane Lynn Wilson

## VICE PRESIDENTS

NAME	TITLE
Thomas John Boogaard	Vice President
Thomas Scott Botsford	Vice President
Richard Norman Bush	Vice President
Debra Marie Conrad	Vice President
Larry William Frazier	Vice President
Paul Roberts Johnston	Vice President
Michelle Marie Keeley	Vice President
Thomas William Murphy	Vice President
Rebecca Ann Nash	Senior Vice President
Rebecca Lea Roever	Vice President
Dianne Lynn Wilson	Senior Vice President



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State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, Wisconsin 53707-7873

### Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

#### CERTIFICATE OF AUTHORITY

for Ameriprise Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 5th day of June, 2006.

A handwritten signature in black ink, appearing to read "James D. ...".

Commissioner of Insurance



***Certificate of Authority  
State of Wisconsin***

Office of the Commissioner of Insurance

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DIVISION OF CORPORATIONS

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**Certificate No.:** 18959  
**Date Issued:** 01/26/2006  
**License Chapter:** 611 Wis. Stat.

**This is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,**

***Ameriprise Insurance Company***

***Wisconsin***

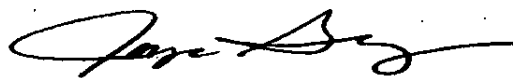
**Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:**

- 2A Fire, inland marine, and other property insurance
- 2M Credit unemployment insurance
- 2C Disability insurance
- 2E Automobile insurance
- 2D Liability and incidental medical expense insurance
- 2J Credit insurance
- 2N Miscellaneous

**Subject to the following limitations:**

NONE

**In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.**



**Commissioner of Insurance**