

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004222

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: AMERIPRISE INSURANCE COMPANY

**Current Principal Place of Business:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115

**New Principal Place of Business:**

**Current Mailing Address:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115

**New Mailing Address:**

FEI Number: 65-1261374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CIAK, KENNETH J  
Address: 3500 PACKERLAND DRIVE  
City-St-Zip: DE PERE, WI 54115

Title: DVP  
Name: FRAZIER, LARRY W  
Address: 3500 PACKERLAND DRIVE  
City-St-Zip: DE PERE, WI 54115

Title: DVP  
Name: WILSON, DIANNE L  
Address: 3500 PACKERLAND DRIVE  
City-St-Zip: DE PERE, WI 54115

Title: DVP  
Name: BOOGAARD, THOMAS J  
Address: 3500 PACKERLAND DRIVE  
City-St-Zip: DE PERE, WI 54115

Title: S  
Name: MOORE, THOMAS R  
Address: 707 2ND AVENUE SOUT  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: T  
Name: BERMAN, WALTER S  
Address: 250 GRENWICH  
City-St-Zip: NEW YORK, NY 10007

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA A COMBS

ASEC

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date