

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004222

FILED
Apr 11, 2011
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

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

Title: S
Name: MOORE, THOMAS R
Address: 3500 PACKERLAND DRIVE
City-St-Zip: DE PERE, WI 54115

Title: T
Name: HAMALAINEN, JAMES LOUIS
Address: 3500 PACKERLAND DRIVE
City-St-Zip: DE PERE, WI 54115

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: MICHELLE DONATO

POA

04/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date