

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004222

**FILED**  
**Apr 12, 2014**  
**Secretary of State**  
**CC7670271153**

**Entity Name:** AMERIPRISE INSURANCE COMPANY

**Current Principal Place of Business:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115

**Current Mailing Address:**

3500 PACKERLAND DRIVE  
DE PERE, WI 54115 US

**FEI Number:** 65-1261374

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name BELTZ, SUSAN M.  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title PRESIDENT, DIRECTOR  
Name CIAK, KENNETH J  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title SECRETARY  
Name MOORE, THOMAS RICHARD  
Address 3500 PACKERLAND DRIVE  
City-State-Zip: DE PERE WI 54115

Title TREASURER  
Name HAMALAINEN, JAMES LOUIS  
Address 3500 PACKERLAND DRIVE  
City-State-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:** SUSAN M. BELTZ

**ASSISTANT SECRETARY** 04/12/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date