2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004222

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

FILED Apr 15, 2015

Secretary of State

CC7268751231

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title TREASURER

NameCIAK, KENNETH J.NameHAMALAINEN, JAMES LOUISAddress3500 PACKERLAND DRIVEAddress3500 PACKERLAND DRIVE

City-State-Zip: DE PERE WI 54115 City-State-Zip: DE PERE WI 54115

Title SECRETARY Title ASSISTANT SECRETARY

Name MOORE, THOMAS RICHARD Name BELTZ, SUSAN M.

Address 3500 PACKERLAND DRIVE Address 3500 PACKERLAND DRIVE

City-State-Zip: DE PERE WI 54115 City-State-Zip: DE PERE WI 54115

Title DIRECTOR Title DIRECTOR

NameBOTSFORD, THOMAS SCOTTNameGREENE, MICHAEL R.Address3500 PACKERLAND DRIVEAddress3500 PACKERLAND DRIVE

City-State-Zip: DE PERE WI 54115 City-State-Zip: DE PERE WI 54115

Title DIRECTOR Title DIRECTOR

NameMAGLAQUE, CHARLES N.NameROEVER, REBECCA L.Address3500 PACKERLAND DRIVEAddress3500 PACKERLAND DRIVECity State Zip:DE PERE WI 54115City-State-Zip:DE PERE WI 54115

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

Electronic Signature of Signing Officer/Director Detail

04/15/2015 Date