2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004895

Entity Name: AMERIPRISE AUTO & HOME INSURANCE AGENCY, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3500 PACKERLAND DRIVE DE PERE, WI 54115				1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55475			
Current Mailing Address:				New Mailing Address:			
3500 PACKERLAND DRIVE DE PERE, WI 54115				1098 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55475			
FEI Number: 82-0541142 FEI Number Applied For () FEI Num			El Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.							
SIGNATUR		O:					
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FRAZIER, LARR 3500 PACKERLA DE PERE, WI 5	AND DRIVE 4115 Delete P AND DRIVE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MOORE, THOMAS 1098 AMERIPRIS MINNEAPOLIS, M CPD (X) C FRAZIER, LARRY	E FINANCIAL CENTER N 55475 hange () Addition W E FINANCIAL CENTER	
Title: Name: Address: City-St-Zip: Title: Name:	JENSEN, MICHE 3500 PACKERLA DE PERE, WI 5 S () I SAUL, BRUCE H	AND DRIVE 4115 Delete		Title: Name: Address: City-St-Zip: Title: Name:	BERMAN, WALTE 1098 AMERIPRIS MINNEAPOLIS, M DIR (X) C JENSEN, MICHEL	E FINANCIAL CENTER N 55475 hange () Addition LE M	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MINNEAPOLIS, N	Delete ′ R AND DRIVE		Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MINNEAPOLIS, M DIR (X) C GNIOT, TIFFANY	hange () Addition R E FINANCIAL CENTER	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	GINGRICH, JON F	E FINANCIAL CENTER	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE LOUIS POA 03/26/2009