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(Address)

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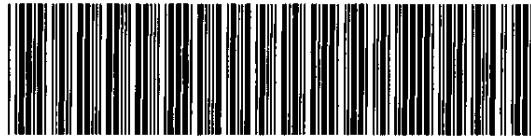
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Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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SELIG, GATES & WOODYARD, P.L.L.C.**

425 WEST CAPITOL AVENUE, SUITE 1800
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FAX 501-688-8807

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ROGERS, ARKANSAS 72758-8131
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WRITER'S DIRECT DIAL
501-370-4225

June 7, 2006

VIA FEDERAL EXPRESS

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AND TRADEMARK OFFICE
⁴ ALSO ADMITTED IN TEXAS
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⁶ ALSO ADMITTED IN NEW YORK
⁷ ADMITTED IN TEXAS ONLY
ALL OTHERS ADMITTED IN ARKANSAS

Re: **AMERIPRISE INSURANCE COMPANY**

Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Corporation for Authorization to Transact Business in Florida together with a Certificate of Authority which evidences the existence of the corporation in its domestic state of Wisconsin. We are also enclosing our check in the amount of \$87.50 which represents the filing fee and the fees for obtaining a Certificate of Status and a certified copy.

If possible, please return the Certificate of Status and certified copy to my attention via Federal Express. You are welcome to use our Federal Express account number which is 0722-0362-3.

Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By

June Stracener, FLMI
Paralegal
jstracener@mwsgw.com

BJS:dm

Enclosure

cc: Ms. Stacey Prevost
Ms. Tiffany Gniot
Mr. Rick Campbell

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameriprise Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

June Stracener
(Name of Person)

Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.
(Firm/Company)

425 West Capitol Avenue, Suite 1800
(Address)

Little Rock, Arkansas 72201
(City/State and Zip code)

For further information concerning this matter, please call:

June Stracener at (501) 370-4225
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2006

MITCHELL, WILLIAMS, SELIG, GATES & WOODYARD, P.L.L.C.
425 WEST CAPITOL AVENUE, SUITE 1800
LITTLE ROCK, AR 72201-3525

SUBJECT: AMERIPRISE INSURANCE COMPANY
Ref. Number: W06000026392

We have received your document for AMERIPRISE INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 806A00039690

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ameriprise Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin

(State or country under the law of which it is incorporated)

3. 65-1261374

(FEI number, if applicable)

4. 10-4-05

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. None

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3500 Packerland Drive, De Pere, WI 54115

(Principal office address)

3500 Packerland Drive, De Pere, WI 54115

(Current mailing address)

8. property/casualty insurance company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

John J. Linnihan, Asst. Vice President

11. Attached is a certificate of existence duly authenticated; not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: See Attached List

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Address: _____

Vice Chairman: None

Address: _____

Director: See attached list

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kenneth John Ciak

Address: _____

Vice President: See Attached List

Address: _____

Secretary: Paul Roberts Johnston

Address: _____

Treasurer: Walter Stanley Berman

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Larry Frazier, Director AND VICE president

(Typed or printed name and capacity of person signing application)

AMERIPRISE INSURANCE COMPANY

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DIRECTORS

NAME
Kenneth John Ciak, Chairman
Larry William Frazier
David Ray Hubers
Theodore Michael Jenkin
Paul Roberts Johnston
Eric Lund Marhoun
Bridget Mary Sperl
Lisa Ann Steffes
John Theodore Sweeney
Diane Lynn Wilson

VICE PRESIDENTS

NAME	TITLE
Thomas John Boogaard	Vice President
Thomas Scott Botsford	Vice President
Richard Norman Bush	Vice President
Debra Marie Conrad	Vice President
Larry William Frazier	Vice President
Paul Roberts Johnston	Vice President
Michelle Marie Keeley	Vice President
Thomas William Murphy	Vice President
Rebecca Ann Nash	Senior Vice President
Rebecca Lea Roevers	Vice President
Dianne Lynn Wilson	Senior Vice President



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DIVISION OF CORPORATIONS

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State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

for Ameriprise Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 5th day of June, 2006.

A handwritten signature in black ink, appearing to read "Jane B. ...".

Commissioner of Insurance

Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance

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Certificate No.: 18959
Date Issued: 01/26/2006
License Chapter: 611 Wis. Stat.

This is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Ameriprise Insurance Company

Wisconsin

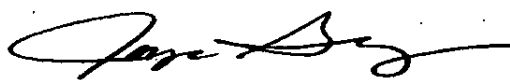
Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- 2A Fire, inland marine, and other property insurance
- 2M Credit unemployment insurance
- 2C Disability insurance
- 2E Automobile insurance
- 2D Liability and incidental medical expense insurance
- 2J Credit insurance
- 2N Miscellaneous

Subject to the following limitations:

NONE

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.



Commissioner of Insurance