2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004222

Entity Name: AMERIPRISE INSURANCE COMPANY

FILED Jan 07, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3500 PACKERLAND DRIVE DE PERE, WI 54115

Current Mailing Address: New Mailing Address:

3500 PACKERLAND DRIVE DE PERE, WI 54115

FEI Number: 65-1261374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: CIAK, KENNETH J 3500 PACKERLAND DRIVE Address: City-St-Zip: DE PERE, WI 54115

Title: DVP

Name: FRAZIER, LARRY W 3500 PACKERLAND DRIVE Address: DE PERE, WI 54115 City-St-Zip:

Title: DVP

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

Title: DVP

BOOGAARD, THOMAS J Name: Address: 3500 PACKERLAND DRIVE

City-St-Zip: DE PERE, WI 54115

Title:

Name: MOORE, THOMAS R 707 2ND AVENUE SOUT Address: City-St-Zip: MINNEAPOLIS, MN 55474

Title:

BERMAN, WALTER S Name: Address: 250 GRENWICH City-St-Zip: NEW YORK, NY 10007

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: DEBRA A COMBS ASEC 01/07/2010