FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25643** **(8)**

1. Corporation Name

IDS PROPERTY CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1400 LOMBARDI AVE GREEN BAY WI 54304	1400 LOMBARDI AVE GREEN BAY WI 54304

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / County 30

3. Date Incorporated or Qualified: **08/17/1989**

3a. Date of Last Report: **02/08/1995**

4. FEI Number: **39-1173498** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	CIAK, KENNETH J.	
STREET ADDRESS	1400 LOMBARDI AVE #200	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	VD	[X] DELETE
NAME	FORNETTI, LOUIS C.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	[X] DELETE
NAME	CURRAN, COLLEEN M	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	TV	[ ] DELETE
NAME	GOODWIN, MORRIS, JR.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	DC	[ ] DELETE
NAME	HUBERS, DAVID R.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	[ ] DELETE
NAME	MITCHELL, JAMES A.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE	Vice President	[X] Change [ ] Addition
2 NAME	Shanks, Donald K.	
2 STREET ADDRESS	1400 Lombardi Ave., Suite 200	
2 CITY-ST-ZIP	Green Bay, WI 54304-3922	
3 TITLE	Secretary	[X] Change [ ] Addition
3 NAME	Meehan, Timothy S.	
3 STREET ADDRESS	80 South Eighth Street	
3 CITY-ST-ZIP	Minneapolis MN 55440	
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry N. Ferrari — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (414) 496-5104

CR2E034 (12/95)