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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**1400 LOMBARDI AVE
GREEN BAY WI 54304**

Mailing Address

**1400 LOMBARDI AVE
GREEN BAY WI 54304-3922**

3. Date Incorporated or Qualified
08/17/1989

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

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

☐

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

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CIAM, KENNETH J.**
STREET ADDRESS **1400 LOMBARDI AVE #200**
CITY - ST - ZIP **GREEN BAY WI**

TITLE **VP** ☐ DELETE
NAME **SHANKS, DONALD K.**
STREET ADDRESS **1400 LOMBARDI AVE., SUITE 200**
CITY - ST - ZIP **GREEN BAY WI**

TITLE **S** ☐ DELETE
NAME **MEEHAN, TIMOTHY S.**
STREET ADDRESS **80 S. 8TH STREET**
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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 annual report or supplemental annual 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: **KENNETH J. CIAM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

4144965101
Date Daytime Phone #

CR2E034 (9/96)