

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25643

1. Entity 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 54304-3922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1173498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MEEHAN, TIMOTHY S.  
STREET ADDRESS 80 S. 8TH STREET  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME HORTON, JEFFREY S  
STREET ADDRESS IDS TOWER 10  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME HUBERS, DAVID R.  
STREET ADDRESS IDS TOWER 10  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MITCHELL, JAMES A.  
STREET ADDRESS IDS TOWER 10  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra A. Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

920.496.5213

Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90140 008 \*\*\*150.00

910443



DO NOT WRITE IN THIS SPACE