

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25643

1. Entity 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

2. Principal Place of Business

3500 PACKERLAND DRIVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 19054

Suite, Apt. #, etc.

City & State

DEPERE WI

City & State

GREEN BAY WI

Zip

54115

Country

US

Zip

54307-9054

Country

US

4. FEI Number

39-1173498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIAM, KENNETH J.	
STREET ADDRESS	1400 LOMBARDI AVE #200	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHANKS, DONALD K.	
STREET ADDRESS	1400 LOMBARDI AVE., SUITE 200	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEEHAN, TIMOTHY S.	
STREET ADDRESS	80 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORTON, JEFFREY S	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HUBERS, DAVID R.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES A.	
STREET ADDRESS	IDS TOWER 10	
CITY-ST-ZIP	MINNEAPOLIS MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W. FRAZIER	
STREET ADDRESS	3500 PACKERLAND DRIVE	
CITY-ST-ZIP	DEPERE WI 54307-9054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY W. FRAZIER

JAN 29, 2001

920.330.5104

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment  
918371  
#P25643

PLEASE ACCEPT THE FOLLOWING ADDRESS CHANGES TO THE DIRECTORS

KENNETH J. CIAK  
3500 PACKERLAND DRIVE  
DEPERE WI 54115

DONALD K. SHANKS  
3500 PACKERLAND DRIVE  
DEPERE WI 54115

JEFFREY S. HORTON  
355 AXP FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

DAVID R. HUBERS  
355 AXP FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

RICHARD W. KLING  
355 AXP FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

JAMES A. MITCHELL  
355 AXP FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

THE MAILING ADDRESS FOR ALL CORRESPONDENCE IS  
PO BOX 19054  
GREEN BAY WI 54307-9054