2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2012
Secretary of State

DOCUMENT# P25643

Entity Name: IDS PROPERTY CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3500 PACKERLAND DRIVE
DE PERE, WI 54115

New Principal Place of Business:

Current Mailing Address:

3500 PACKERLAND DRIVE
DE PERE, WI 54115

New Mailing Address:

FEI Number: 39-1173498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: T
Name: HAMALAINEN, JAMES L
Address: 707 2ND AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55474

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

Title: D VP
Name: NASH, REBECCA A
Address: 3500 PACKERLAND DRIVE
City-St-Zip: DE PERE, WI 54115

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 AS 02/10/2012

Electronic Signature of Signing Officer or Director — Date