

1.) CORPORATION NAME:

Ameriprise Auto & Home Insurance Agency, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1525163**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3500 PACKERLAND DR

CITY/ST/ZIP: DEPERE, WI 54115-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LARRY W FRAZIER
TITLE: PRES/CEO
ADDRESS: 3500 PACKERLAND DR
CITY/ST/ZIP/CO: DE PERE, WI 54115-

OFFICER

DIRECTOR

NAME: JON PATRICK GINGRICH
TITLE: VICE PRESIDENT
ADDRESS: 3500 PACKERLAND DR
CITY/ST/ZIP/CO: DEPERE, WI 54115-

OFFICER

DIRECTOR

NAME: JAMES LOUIS HAMALAINEN
TITLE: TREASURER
ADDRESS: 3500 PARKERLAND DRIVE
CITY/ST/ZIP/CO: DEPERE, WI 54115-

OFFICER

DIRECTOR

NAME: THOMAS RICHARD MOORE
TITLE: SECRETARY
ADDRESS: 3500 PARKERLAND DRIVE
CITY/ST/ZIP/CO: DEPERE, WI 54115-

OFFICER

DIRECTOR

NAME: SUSAN M. BELTZ
TITLE: ASST SECRETARY
ADDRESS: 3500 PARKERLAND DRIVE
CITY/ST/ZIP/CO: DEPERE, WI 54115-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ SUSAN M. BELTZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SUSAN M. BELTZ, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/8/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.