



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000151451

**2. Name of Corporation** Ameriprise Auto & Home Insurance Agency, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 3500 PACKERLAND DRIVE

City or Town: DEPERE

State: WI

Zip: 54115

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: WI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

Acts as agent for the sale of property casualty insurance products in the states in which it is licensed to do business

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LARRY W. FRAZIER	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
TREASURER	JAMES LOUIS HAMALAINEN	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
SECRETARY	THOMAS RICHARD MOORE	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
VICE PRESIDENT	JON PATRICK GINGRICH	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
DIRECTOR	LARRY W. FRAZIER	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
DIRECTOR	MICHELLE M. JENSEN	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
DIRECTOR	TIFFANY R. GNIOT	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA
DIRECTOR	JON PATRICK GINGRICH	3500 PACKERLAND DRIVE DEPERE, WI 54115 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	100.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 16 Day of February, 2011 at 12:01:01 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE DONATO  
Signature of Authorized Representative of the Corporation

POA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

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