

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **814968** (4)
1. Corporation Name
IDS LIFE INSURANCE COMPANY



Principal Place of Business: **IDS TOWER 10 MINNEAPOLIS MN 55440**
Mailing Address: **IDS TOWER 10 MINNEAPOLIS MN 55440**

3. Date Incorporated or Qualified: **12/30/1960**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **41-0823832**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
Signature typed or printed name of registered agent: _____
Date: _____

12. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES A.	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MORRIS, GOODWIN J	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	URION, MELINDA S.	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLING, RICHARD W	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STOLTZMANN, WILLIAM A.	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOLKMAN, PAUL F.	
STREET ADDRESS	IDS TOWER 10	
CITY- ST- ZIP	MINNEAPOLIS, MN 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	55440
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	55440
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	55440
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	55440
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	55440
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	55440

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A. Stoltzmann VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Stoltzmann

4/17/96
612-671-3794

CR2E034 (12/95)