

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 55402-2100**

3. Date Incorporated or Qualified <b>12/30/1960</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>41-0823832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **2/17/97** **612-671-3794**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)