


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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90013 030 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814968

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0823832	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CBD MITCHELL, JAMES A.	1.2 NAME	
STREET ADDRESS	IDS TOWER 10	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT HORTON, JEFFREY S	2.2 NAME	
STREET ADDRESS	105 TOWER 10	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SEDLACEK, STUART A	3.2 NAME	
STREET ADDRESS	105 TOWER 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD KLING, RICHARD W	4.2 NAME	
STREET ADDRESS	IDS TOWER 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS STOLTZMANN, WILLIAM A.	5.2 NAME	
STREET ADDRESS	IDS TOWER 10	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD KOLKMAN, PAUL F.	6.2 NAME	
STREET ADDRESS	IDS TOWER 10	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: William A. Stoltzmann _____ Date _____ Daytime Phone # _____