2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

Name

City

City & State

Zip

DOCUMENT # 814968

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

TITLE NAME

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STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

IDS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
10 TOWER 10	IDS TOWER 10 MINNEAPOLIS MN 55440
2. Principal Place of Business	3. Mailing Address

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Country

INSURANCE COMMISSIONER

9. This corporation is eligible to satisfy its Intangible

MITCHELL, JAMES A.

HORTON, JEFFREY S

MINNEAPOLIS, MN 00000

MINNEAPOLIS, MN 00000

MINNEAPOLIS, MN 00000

MINNEAPOLIS, MN 00000

STOLTZMANN, WILLIAM A.

MINNEAPOLIS, MN 00000

SEDLACEK, STUART A

IDS TOWER 10

105 TOWER 10

105 TOWER 10

IDS TOWER 10

IDS TOWER 10

IDS TOWER 10

KOLKMAN, PAUL F.

KLING, RICHARD W

Tax filing requirement and elects to do so.

TALLAHASSEE FL 32304

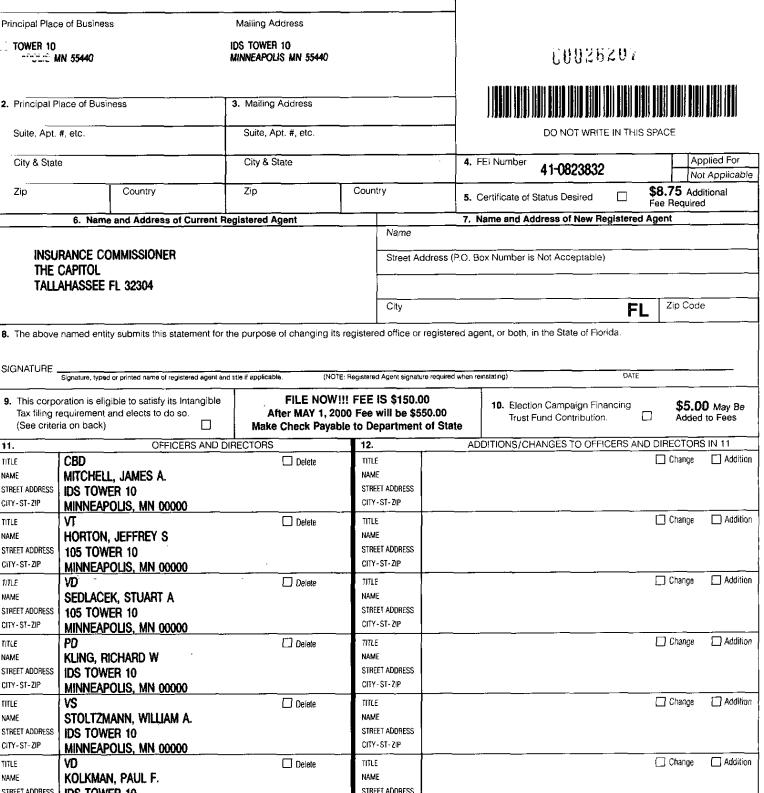
THE CAPITOL

(See criteria on back)

CBD

FILED Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90218 044 ***150.00



CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS, MN 00000 13. 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 report or supplemental 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 11 or Block 12 if npowered.

SIGNATURE:

Daytime Phone #