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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Minneapolis, MN 55474

65005

IDS Life Insurance Company

Document # 514968

Additional Officers and Directors for Florida annual report form

547523

Executive Vice President, Client

Service

Bridget Sperl

696 AXP Financial Center Minneapolis, MN 55474

Executive Vice President, Finance

John T. Sweeney

805 AXP Financial Center Minneapolis, MN 55474