

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814968

FILED
Feb 22, 2006
Secretary of State

Entity Name: IDS LIFE INSURANCE COMPANY

Current Principal Place of Business:

227 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

New Principal Place of Business:

Current Mailing Address:

227 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474

New Mailing Address:

FEI Number: 41-0823832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SCHWARZMANN, MARK E
Address: 227 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: VD () Delete
Name: ALVERO, GUMER C
Address: 1765 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: PD () Delete
Name: BECHTOLD, TIMOTHY V
Address: 249 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: S () Delete
Name: JOHNSTON, PAUL R
Address: 52 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: D () Delete
Name: NATARAJAN, B. ROGER
Address: 227 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: AS () Delete
Name: KELLY, ANDREA L
Address: 227 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAO, JOSEPH J
Address: 227 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA L. KELLY

AS

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date