

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814968

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** RIVERSOURCE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1098 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

**New Principal Place of Business:**

227 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

**Current Mailing Address:**

1098 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

**New Mailing Address:**

227 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

**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: PD  
Name: BECHTOLD, TIMOTHY VERNON  
Address: 227 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: SEC  
Name: MOORE, THOMAS RICHARD  
Address: 1098 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: VPT  
Name: BERMAN, WALTER STANLEY  
Address: 1098 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: DIR  
Name: ALVERO, GUMER C  
Address: 1098 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: DIR  
Name: PALMER, KEVIN EUGENE  
Address: 1098 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

Title: DIR  
Name: WOERNER, JOHN ROBERT  
Address: 1098 AMERIPRISE FINANCIAL CENTER  
City-St-Zip: MINNEAPOLIS, MN 55474

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

04/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date