

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814968

FILED
Apr 12, 2011
Secretary of State

Entity Name: RIVERSOURCE LIFE INSURANCE COMPANY

Current Principal Place of Business:

227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

New Principal Place of Business:

227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474 US

Current Mailing Address:

227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

New Mailing Address:

227 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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

OFFICERS AND DIRECTORS:

Title: PD
Name: WOERNER, JOHN
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

Title: S
Name: MOORE, THOMAS RICHARD
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

Title: T
Name: HAMALAINEN, JAMES LOUIS
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

Title: VP
Name: BERMAN, WALTER STANLEY
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

Title: D
Name: STENBERG, JON
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

Title: D
Name: PALMER, KEVIN EUGENE
Address: 227 AMERIPRISE FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474 US

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

04/12/2011

Electronic Signature of Signing Officer or Director

_____ Date