

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 814968

(4)

1. Corporation Name

IDS LIFE INSURANCE COMPANY



Principal Place of Business

IDS TOWER 10  
MINNEAPOLIS MN 55440

Mailing Address

IDS TOWER 10  
MINNEAPOLIS MN 55440

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified  
12/30/1960

3a. Date of Last Report  
04/04/1995

4. FEI Number

41-0823832

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

Signature, typed or printed name of new registered agent, if not applicable

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CBD  
MITCHELL, JAMES A.  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
MORRIS, GOODWIN J  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
URION, MELINDA S.  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KLING, RICHARD W  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
STOLTZMANN, WILLIAM A.  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KOLKMAN, PAUL F.  
IDS TOWER 10  
MINNEAPOLIS, MN 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 55440

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 55440

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 55440

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 55440

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 55440

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 55440

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William A. Stoltzmann VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William A. Stoltzmann

4/17/96

612-671-3794

CR2E034 (12/95)