

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814968

**Entity Name:** RIVERSOURCE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

227 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS , MN 55474

**Current Mailing Address:**

227 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS , MN 55474 US

**FEI Number: 41-0823832**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name BELTZ, SUSAN M.  
Address 227 AMERIPRISE FINANCIAL CENTER  
City-State-Zip: MINNEAPOLIS MN 55474

Title PRESIDENT  
Name WOERNER, JOHN ROBERT  
Address 227 AMERIPRISE FINANCIAL CENTER  
City-State-Zip: MINNEAPOLIS MN 55474

Title SECRETARY  
Name MOORE, THOMAS RICHARD  
Address 227 AMERIPRISE FINANCIAL CENTER  
City-State-Zip: MINNEAPOLIS MN 55474

Title TREASURER  
Name HAMALAINEN, JAMES LOUIS  
Address 227 AMERIPRISE FINANCIAL CENTER  
City-State-Zip: MINNEAPOLIS MN 55474

Title DIRECTOR  
Name ALVERO, GUMER CRUZ  
Address 227 AMERIPRISE FINANCIAL CENTER  
City-State-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: SUSAN M. BELTZ**

**ASSISTANT SECRETARY 04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date