

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814968

**Entity Name:** RIVERSOURCE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

707 SECOND AVENUE SOUTH  
MINNEAPOLIS, MN 55474

**Current Mailing Address:**

707 SECOND AVENUE SOUTH  
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            PRESIDENT, DIRECTOR  
Name            WOERNER, JOHN ROBERT  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            TREASURER  
Name            HAMALAINEN, JAMES LOUIS  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            SECRETARY  
Name            MOORE, THOMAS RICHARD  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            ASSISTANT SECRETARY  
Name            SMITH, SHELLY A.  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            DIRECTOR  
Name            ALVERO, GUMER CRUZ  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            DIRECTOR  
Name            GATHJE, STEVE M.  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            DIRECTOR  
Name            LUNDGREN, COLIN J.  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title            DIRECTOR  
Name            MCGRANE, BRIAN JOSEPH  
Address        707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

**Continues on page 2**

*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:** SHELLY A. SMITH

**ASSISTANT SECRETARY    04/13/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name            MCGEE, JENINNE  
Address         707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474

Title           DIRECTOR  
Name            STENBERG, JON  
Address         707 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55474