FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **814968** **(4)**

1. Corporation Name
IDS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
IDS TOWER 10 MINNEAPOLIS MN 55440	IDS TOWER 10 MINNEAPOLIS MN 55440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1960
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	CBD	☒ Change ☐ Addition
NAME	MITCHELL, JAMES A.	12 NAME		
STREET ADDRESS	IDS TOWER 10	13 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS, MN 00000	14 CITY ST ZIP		
TITLE	~~CBD~~	21 TITLE	VT	☐ Change ☒ Addition
NAME	~~HUBERS, DAVID R~~	22 NAME	Morris Goodwin, Jr.	
STREET ADDRESS	IDS TOWER 10	23 STREET ADDRESS	IDS Tower-10	
CITY ST ZIP	MINNEAPOLIS, MN 00000	24 CITY ST ZIP	Minneapolis, MN	
TITLE	~~VTD~~	31 TITLE	VD	☒ Change ☐ Addition
NAME	UTION, MELINDA S.	32 NAME		
STREET ADDRESS	IDS TOWER 10	33 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS, MN 00000	34 CITY ST ZIP		
TITLE	~~VD~~	41 TITLE	PD	☒ Change ☐ Addition
NAME	KLING, RICHARD W	42 NAME		
STREET ADDRESS	IDS TOWER 10	43 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS, MN 00000	44 CITY ST ZIP		
TITLE	VS	51 TITLE		☐ Change ☐ Addition
NAME	STOLTZMANN, WILLIAM A.	52 NAME		
STREET ADDRESS	IDS TOWER 10	53 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS, MN 00000	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	KOLKMAN, PAUL F.	62 NAME		
STREET ADDRESS	IDS TOWER 10	63 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS, MN 00000	64 CITY ST ZIP		

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)(i), 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 3/20/95 (617)671-3774
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0407372 FP