

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90045 038 \*\*\*150.00

0631620

**DOCUMENT # 814968**

1. Entity Name

**IDS LIFE INSURANCE COMPANY**

Principal Place of Business

**IDS TOWER 10  
 MINNEAPOLIS MN 55440**

Mailing Address

**IDS TOWER 10  
 MINNEAPOLIS MN 55440**

**547523**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**227 AXP Financial Center**

**227 AXP Financial Center**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Minneapolis, MN**

City & State

**Minneapolis, MN**

4. FEI Number

**41-0823832**

Applied For

Not Applicable

Zip

Country

**55474**

Zip

Country

**55474**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32304**

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CBD	<del>MITCHELL, JAMES A.</del>	<del>IDS TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>
VT	<del>HORTON, JEFFREY S.</del>	<del>105 TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>
VD	<del>SEDLACEK, STUART A.</del>	<del>105 TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>
PD	<del>KLING, RICHARD W.</del>	<del>IDS TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>
VS	<del>STOLTZMANN, WILLIAM A.</del>	<del>IDS TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>
VD	<del>KOLKMAN, PAUL F.</del>	<del>IDS TOWER 10</del>	<del>MINNEAPOLIS, MN 00000</del>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
C/D	Pamela J. Moret	1546 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VT	David L. Yowan	227 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		110 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	Timothy V Bechtold	219 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Timothy S. Meehan	227 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		673 AXP Financial Center	Minneapolis, MN 55474	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

612-671-2120

Daytime Phone #

CR2E034 (10/00)

65005

IDS Life Insurance Company

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Additional Officers and Directors for Florida annual report form

Executive Vice President, Client Service	Bridget Spertl	696 AXP Financial Center Minneapolis, MN 55474
Executive Vice President, Finance	John T. Sweeney	805 AXP Financial Center Minneapolis, MN 55474