

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90086 027 ***150.00

DOCUMENT # 814968

1. Entity Name

IDS LIFE INSURANCE COMPANY

Principal Place of Business

**227 AXP FINANCIAL CENTER
 MINNEAPOLIS MN 55474**

Mailing Address

**227 AXP FINANCIAL CENTER
 MINNEAPOLIS MN 55474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0823832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORET, PAMELA J 1546 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT YOWAN, DAVID L 227 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEDLACEK, STUART A 110 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECHTOLD, TIMOTHY V 249 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MECHAN, TIMOTHY S 52 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BARRY 673 AXP FINANCIAL CENTER MINNEAPOLIS MN 55474	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John T. Sweeney 805 AXP Financial Center Minneapolis, mn 55474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gumer C. Alvero 1765 AXP Financial Center Minneapolis, mn 55474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meehan, Timothy S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 612-671-2120

Date

Daytime Phone #

65005

ATTACH # 814968/655886

IDS Life Insurance Company

Additional Officers and Directors for Florida annual report form

Director

Stephen W. Roszell

721 AXP Financial Center
Minneapolis, MN 55474

Executive Vice President, Client
Service

Bridget Sperl

696 AXP Financial Center
Minneapolis, MN 55474