

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 047 ***550.00

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**

44049704



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06172004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SWEENEY, JOHN T
805 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Mark E. Schwarzmann
227 AXP Financial Center
Minneapolis, MN 55474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALVERO, GUMER C
1765 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BECHTOLD, TIMOTHY V
249 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MEEHAN, TIMOTHY S
52 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Paul R. Johnston
52 AXP Financial Center
Minneapolis, MN 55474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHY, BARRY
673 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
B. Roger Natarajan
227 AXP Financial Center
Minneapolis, MN 55474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SCHROEDER, ROBERT A AST SCT
802 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Andrea L. Kelly
227 AXP Financial Center
Minneapolis, MN 55474 ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea L. Kelly, Andrea L. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Date

612-671-3596

Daytime Phone #

65005

IDS Life Insurance Company

Additional Officers and Directors for Florida annual report form

Director and EVP - Annuities

Arthur H. Berman

227 AXP Financial Center
Minneapolis, MN 55474

Executive Vice President, Client
Services

Bridget Sperl

696 AXP Financial Center
Minneapolis, MN 55474