2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2005 JAN 25 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814968

1. Entity Name
IDS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
227 AXP FINANCIAL CENTER MINNEAPOLIS, MN 55474	227 AXP FINANCIAL CENTER MINNEAPOLIS, MN 55474

01112005 No Chg-P CR2E034 (10/03)

125

DO NOT WRITE IN THIS SPACE

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

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SCHWARZMANN, MARK E
STREET ADDRESS	227 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474
TITLE	VD
NAME	ALVERO, GUMER C
STREET ADDRESS	1765 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474
TITLE	PD
NAME	BECHTOLD, TIMOTHY V
STREET ADDRESS	249 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474
TITLE	S
NAME	JOHNSTON, PAUL R
STREET ADDRESS	52 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474
TITLE	D
NAME	NATARAJAN, B. ROGER
STREET ADDRESS	227 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474
TITLE	AS
NAME	KELLY, ANDREA L.
STREET ADDRESS	227 AXP FINANCIAL CENTER
CITY-ST-ZIP	MINNEAPOLIS, MN 55474

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01/26/05-80049-024 150.00

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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 1/11/05 612-671-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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