

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:41

DOCUMENT # 854789 (5)

1. Corporation Name

AMERICAN ENTERPRISE LIFE INSURANCE COMPANY

Principal Place of Business

80 S. 8TH ST
MINNEAPOLIS MN 55440-0534
US

Mailing Address

80 S. 8TH ST
MINNEAPOLIS MN 55440-0534
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1982

3a. Date of Last Report

02/02/1994

2. Principal Place of Business

2a. Mailing Address

4. FCI Number

94-2986905

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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

(Signature, typed or printed name of registered agent or director or officer)

(Signature, typed or printed name of registered agent or director or officer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WESTHOFF, WILLIAM N.
STREET ADDRESS	80 S. 8TH ST
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	VSD
NAME	STOLTZMANN, WILLIAM A.
STREET ADDRESS	80 S. 8TH ST
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	VT
NAME	URION, MELINDA S
STREET ADDRESS	80 S. 8TH ST.
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	D
NAME	MANNWEILER, PAUL S.
STREET ADDRESS	80 S. 8TH ST.
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	PD
NAME	DAKAY, ALAN, R
STREET ADDRESS	80 S. 8TH ST.
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	CD
NAME	MITCHELL, JAMES A.
STREET ADDRESS	80 S. 8TH ST.
CITY, ST, ZIP	MINNEAPOLIS MN

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	GOODWIN, MORRIS JR
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	KLING, RICHARD W
63 STREET ADDRESS	
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 110.07(3)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)