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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 55402-2100
US**

3. Date Incorporated or Qualified
11/29/1982

3a. Date of Last Report
04/24/1996

4. FEI Number
94-2986905

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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**INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART A. SEDLACEK	1.2 NAME	
STREET ADDRESS	80 S. 8TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLTZMANN, WILLIAM A.	2.2 NAME	
STREET ADDRESS	80 S. 8TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, MORRIS J	3.2 NAME	
STREET ADDRESS	80 S. 8TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNWEILER, PAUL S.	4.2 NAME	
STREET ADDRESS	80 S. 8TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAKAY, ALAN, R	5.2 NAME	PD Forsberg, Douglas L.
STREET ADDRESS	80 S. 8TH ST.	5.3 STREET ADDRESS	80 S 8th St
CITY - ST - ZIP	MINNEAPOLIS MN	5.4 CITY - ST - ZIP	Minneapolis MN
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLING, RICHARD W	6.2 NAME	
STREET ADDRESS	80 S. 8TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	6.4 CITY - ST - ZIP	

14. I do 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 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 Secretary
William A. Stoltzmann Secretary

2/17/97 6:12-671-3794

CR2E034 (9/96)