

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854789

1. Entity Name

AMERICAN ENTERPRISE LIFE INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

227 AXP Financial Center

3. Mailing Address

227 AXP Financial Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minneapolis, MN

City & State

Minneapolis, MN

Zip

55474

Country

USA

Zip

55474

Country

USA

4. FEI Number

94-2986905

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 BLDG
TALLAHASSEE FL 32301

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	STUART A. SEDLACEK	
STREET ADDRESS	80 S. 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	STOLTZMANN, WILLIAM A.	
STREET ADDRESS	80 S. 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHOAT, JAMES E	
STREET ADDRESS	80 S 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55440	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNWEILER, PAUL S.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, PAULA R	
STREET ADDRESS	80 S 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55440	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KLING, RICHARD W	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	110 AXP Financial Center	
CITY-ST-ZIP	Minneapolis, MN 55474	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa J. Rasmussen	
STREET ADDRESS	52 AXP Financial Center	
CITY-ST-ZIP	Minneapolis, MN 55474	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol A Holton	
STREET ADDRESS	1114 AXP Financial Center	
CITY-ST-ZIP	Minneapolis, MN 55474	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	227 AXP Financial Center	
CITY-ST-ZIP	Minneapolis, MN 55474	
TITLE	CLVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gumer C. Alvera	
STREET ADDRESS	1765 AXP Financial Center	
CITY-ST-ZIP	Minneapolis, MN 55474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90045 037 ***150.00

041004



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)