

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 854789

FILED
May 01, 2003
Secretary of State

Entity Name: AMERICAN ENTERPRISE LIFE INSURANCE COMPANY

Current Principal Place of Business:

227 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 US

New Principal Place of Business:

Current Mailing Address:

227 AXP FINANCIAL CENTER
MINNEAPOLIS, MN 55474 US

New Mailing Address:

FEI Number: 94-2986905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: RASMUSSEN, TERESA J
Address: 52 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: PD () Delete
Name: HOLTON, CAROL A
Address: 1114 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: D () Delete
Name: MANNWEILER, PAUL S.,
Address: 227 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: CVD () Delete
Name: ALVERO, GUMER C
Address: 1765 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: D () Delete
Name: DUNNING, DOUGLAS K
Address: 432 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A () Change (X) Addition
Name: SCHROEDER, ROBERT A AST SCT
Address: 802 AXP FINANCIAL CENTER
City-St-Zip: MINNEAPOLIS, MN 55474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. SCHROEDER, ASSISTANT SECRETARY

A.SC

05/01/2003

Electronic Signature of Signing Officer or Director

Date