

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854394

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: SECURIAN LIFE INSURANCE COMPANY

## Current Principal Place of Business:

400 ROBERT STREET NORTH  
ST. PAUL, MN 551012098 US

## New Principal Place of Business:

## Current Mailing Address:

400 ROBERT STREET NORTH  
ST. PAUL, MN 551012098 US

## New Mailing Address:

FEI Number: 41-1412669

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: VP/C ( ) Delete  
Name: STRONG, GREGORY S  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 551012098 US

Title: S/C ( ) Delete  
Name: PROHOFISKY, DENNIS E  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 551012098 US

Title: C ( ) Delete  
Name: BALDWIN, ALFRIEDA  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55101 US

Title: P/C ( ) Delete  
Name: SENKLER, ROBERT L  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 551012098

Title: VP ( ) Delete  
Name: CHAPMAN, LESLIE J  
Address: 400 ROBERT ST. N.  
City-St-Zip: SAINT PAUL, MN 55101

Title: T ( ) Delete  
Name: ORBISON, DIANNE  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/C (X) Change ( ) Addition  
Name: STRONG, GREGORY S  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 551012098 US

Title: S (X) Change ( ) Addition  
Name: PROHOFISKY, DENNIS E  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 551012098 US

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: EVP (X) Change ( ) Addition  
Name: ZACCARO, WARREN  
Address: 400 ROBERT STREET NORTH  
City-St-Zip: ST. PAUL, MN 55101

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LESLIE J CHAPMAN

VP

03/28/2007

Electronic Signature of Signing Officer or Director

Date