2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# F06000006777

Entity Name: SECURIAN CASUALTY COMPANY

Current Principal Place of Business:

400 ROBERT STREET NORTH
SAINT PAUL, MN 55101

New Principal Place of Business:

Current Mailing Address:

400 ROBERT STREET NORTH
SAINT PAUL, MN 55101

New Mailing Address:

FEI Number: 41-1741988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: GREENE, CHRISTOPHER R
Address: 2960 RIVERSIDE DRIVE/PO BOX 6097
City-St-Zip: MACON, GA 312086097

Title: S
Name: RADEL, DWAYNE C
Address: 400 ROBERT STREET NORTH
City-St-Zip: SAINT PAUL, MN 55101

Title: D
Name: ZACCARO, WARREN J
Address: 400 ROBERT STREET NORTH
City-St-Zip: SAINT PAUL, MN 55101

Title: T
Name: LEPLAVY, DAVID J
Address: 400 ROBERT STREET NORTH
City-St-Zip: SAINT PAUL, MN 55101

Title: AS
Name: CZARNETZKI, DEAN F
Address: 400 ROBERT STREET NORTH
City-St-Zip: SAINT PAUL, MN 55101

Title: D
Name: SENKLER, ROBERT
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST PAUL, MN 55101 US

I hereby 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 all other like empowered.

SIGNATURE: DEAN CZARNETZKI AS 01/19/2012

Electronic Signature of Signing Officer or Director — Date