

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854394

**Entity Name:** SECURIAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**400 ROBERT STREET NORTH  
ST. PAUL, MN 55101-2098**Current Mailing Address:**400 ROBERT STREET NORTH  
ST. PAUL, MN 55101-2098 US**FEI Number:** 41-1412669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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

**Officer/Director Detail :**

Title T  
Name LEPLAVY, DAVID J  
Address 400 ROBERT STREET NORTH  
City-State-Zip: ST. PAUL MN 55101-2098

Title S  
Name CHRISTENSEN, GARY ROGER  
Address 400 ROBERT STREET NORTH  
City-State-Zip: ST. PAUL MN 55101-2098

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

Title P/C  
Name HILGER, CHRISTOPHER MICHAEL  
Address 400 ROBERT STREET NORTH  
City-State-Zip: ST. PAUL MN 55101-2098

Title EVP  
Name ZACCARO, WARREN  
Address 400 ROBERT STREET NORTH  
City-State-Zip: ST. PAUL MN 55101

*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**ASSISTANT SECRETARY** 03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date