

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006777

Entity Name: SECURIAN CASUALTY COMPANY**Current Principal Place of Business:**400 ROBERT STREET NORTH
SAINT PAUL, MN 55101**Current Mailing Address:**400 ROBERT STREET NORTH
SAINT PAUL, MN 55101**FEI Number:** 41-1741988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	P
Name	GREENE, CHRISTOPHER R
Address	2960 RIVERSIDE DRIVE/PO BOX 6097
City-State-Zip:	MACON GA 31208-6097

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

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

Title	S
Name	CHRISTENSEN, GARY
Address	400 ROBERT STREET NORTH
City-State-Zip:	SAINT PAUL MN 55101

Title	T
Name	NISTLER, TED
Address	400 ROBERT STREET NORTH
City-State-Zip:	SAINT 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: WILL COTTRELL**ASSISTANT SECRETARY** 02/03/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date