

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004926

Entity Name: SECURIAN FINANCIAL GROUP, INC.**Current Principal Place of Business:**400 ROBERT ST NORTH
SAINT PAUL, MN 55101**Current Mailing Address:**400 ROBERT ST NORTH
SAINT PAUL, MN 55101**FEI Number:** 41-1919752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, D
Name SENKLER, ROBERT L
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

Title P
Name HILGER, CHRISTOPHER M
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL MN 55101

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

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

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

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

Title AS
Name CZARNETZKI, DEAN
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** 03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date