2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04406

Entity Name: SECURIAN FINANCIAL SERVICES, INC.

Current Principal Place of Business:

400 NORTH ROBERT STREET ST. PAUL, MN 55101

Current Mailing Address:

400 NORTH ROBERT STREET ST. PAUL, MN 55101

FEI Number: 41-1486060

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	CEO, DIRECTOR
Name	ZACCARO, WARREN J	Name	CONNOLLY, GEORGE I.
Address	400 ROBERT STREET NORTH	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101
Title	VP, CCO	Title	VP
Name	CARPENTER, KIMBERLY K	Name	MCGRATH, JEFFREY
Address	400 ROBERT STREET NORTH	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101
		 :	
Title	PRESIDENT	Title	AS
Title Name	PRESIDENT ZELLMER, KJIRSTEN	l itle Name	AS BLAIR, PATRICIA
	-		
Name	ZELLMER, KJIRSTEN 400 NORTH ROBERT STREET	Name	BLAIR, PATRICIA
Name Address	ZELLMER, KJIRSTEN 400 NORTH ROBERT STREET	Name Address	BLAIR, PATRICIA 400 NORTH ROBERT STREET
Name Address City-State-Zip:	ZELLMER, KJIRSTEN 400 NORTH ROBERT STREET ST. PAUL MN 55101	Name Address City-State-Zip:	BLAIR, PATRICIA 400 NORTH ROBERT STREET ST. PAUL MN 55101
Name Address City-State-Zip: Title	ZELLMER, KJIRSTEN 400 NORTH ROBERT STREET ST. PAUL MN 55101 AS	Name Address City-State-Zip: Title	BLAIR, PATRICIA 400 NORTH ROBERT STREET ST. PAUL MN 55101 AS

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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: LISA STOPFER

VICE PRESIDENT

04/17/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY	Title	TREASURER
Name	O'BRIEN, KERI S	Name	FERGUSON, KRISTIN M
Address	400 NORTH ROBERT STREET	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101
Title	VP	Title	VP
Name	STOPFER, LISA	Name	CRIST, THERESA
Address	400 NORTH ROBERT STREET	Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST PAUL MN 55101
		Title	DIRECTOR
Title	VP		
Name	GROTEWOLD, GREG	Name	MONTZ, RENEE
Address	400 ROBERT STREET NORTH	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	KOLB, WHITNEY	Name	NISTLER, TED
Address	400 NORTH ROBERT STREET	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101
T :4-		Title	ASST. SECRETARY
Title	ASST. SECRETARY	Name	OFSTIE, KIM
Name	JOHNSON, ERIC		,
Address	400 NORTH ROBERT STREET	Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101	City-State-Zip:	ST. PAUL MN 55101