

**2014 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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	D
Name	ZACCARO, WARREN J
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	VSC
Name	WILSON, LOYALL E
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	PD
Name	CONNOLLY, GEORGE I.
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	AS
Name	CARPENTER, KIMBERLY K
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

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

Title	TREASURER
Name	BERLUTE, PETER G
Address	400 NORTH ROBERT STREET
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:** KIMBERLY K CARPENTER**ASSISTANT SECRETARY** 03/31/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date