

2024 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:** Yes**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 DIRECTOR
Name ZACCARO, WARREN J
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

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

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

Title AS
Name BLAIR, PATRICIA
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

Title AS
Name STREEPER, JEFFREY
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

Title AS
Name PETERSON, TANYA
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

Title SECRETARY
Name O'BRIEN, KERI S
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

Title TREASURER
Name FERGUSON, KRISTIN M
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

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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 L STOPFER

VICE PRESIDENT

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name STOPFER, LISA
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

Title ASSISTANT SECRETARY
Name DELANEY, PAUL F
Address 400 ROBERT ST N
City-State-Zip: ST. PAUL MN 55101-2098

Title ASST. SECRETARY
Name NISTLER, TED
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101