

2020 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:**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	D
Name	ZACCARO, WARREN J
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

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

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

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

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

Title	AS
Name	BLAIR, PATRICIA
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 STOPFER**ASSISTANT SECRETARY** 04/14/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title VP
Name ZELLMER, KJIRSTEN G
Address 400 NORTH ROBERT STREET
City-State-Zip: ST. PAUL MN 55101

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

Title ASST. SECRETARY
Name COTRELL, WILLIAM
Address 400 ROBERT STREET NORTH
City-State-Zip: ST PAUL FL 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

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