

**2017 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 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 VP  
Name MCGRATH, JEFFREY  
Address 400 NORTH ROBERT STREET  
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 AS, VP  
Name CARPENTER, KIMBERLY K  
Address 400 ROBERT STREET NORTH  
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

Title VP  
Name CHOCHREK, SUZANNE  
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:** JANET M HILL**ASSISTANT SECRETARY** 03/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title AS  
Name LUNDBERG, SHELLY  
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

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

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