

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854394

Entity Name: SECURIAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098**Current Mailing Address:**400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098 US**FEI Number:** 41-1412669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 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	T
Name	LEPLAVY, DAVID J
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101-2098

Title	S
Name	CHRISTENSEN, GARY ROGER
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101-2098

Title	AS
Name	CZARNETZKI, DEAN
Address	400 ROBERT STREET NORTH
City-State-Zip:	SAINT PAUL MN 55101

Title	P/C
Name	HILGER, CHRISTOPHER MICHAEL
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101-2098

Title	EVP
Name	ZACCARO, WARREN
Address	400 ROBERT STREET NORTH
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: DEAN CZARNETZKI**ASSISTANT SECRETARY** 03/09/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date