

2015 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

Title VP
Name MCGRATH, JEFFREY
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

Continues on page 2

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 04/01/2015

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

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