

1.) CORPORATION NAME:

Securian Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **8/31/2010**

SCC ID NO: **F0413213**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 N ROBERT ST

CITY/ST/ZIP: ST PAUL, MN 55101-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT L SENKLER
TITLE: PRES/CEO
ADDRESS: 400 N ROBERT STREET
CITY/ST/ZIP/CO: ST PAUL, MN 55101-

OFFICER

DIRECTOR

NAME: JAMES E JOHNSON
TITLE: EXEC VP
ADDRESS: 400 ROBERT STREET NORTH
CITY/ST/ZIP/CO: ST PAUL, MN 55101-

OFFICER

DIRECTOR

NAME: ROBERT M OLAFSON
TITLE: SR VP
ADDRESS: 400 ROBERT STREET NORTH
CITY/ST/ZIP/CO: ST PAUL, MN 55101-

OFFICER

DIRECTOR

NAME: ALFRIEDA BURNS BALDWIN
TITLE: AST SEC
ADDRESS: 400 N ROBERT STREET
CITY/ST/ZIP/CO: ST PAUL, MN 55101-

OFFICER

DIRECTOR

NAME: WARREN J ZACCARO
TITLE: EVP/CFO
ADDRESS: 400 ROBERT ST N
CITY/ST/ZIP/CO: ST PAUL, MN 55101-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ALFRIEDA BURNS BALDWIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ALFRIEDA BURNS BALDWIN, AST SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>8/18/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.