

1.) CORPORATION NAME:

Securian Life Insurance Company

DUE DATE: **8/31/2011**

SCC ID NO: **F0413213**

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

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: 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

NAME: DEAN CZARNETZKI
TITLE: ASST SECRETARY
ADDRESS: 400 ROBERT ST, NORTH
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>	<u>ALFRIEDA BURNS BALDWIN, AST</u>	<u>7/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SEC</u> PRINTED NAME AND CORPORATE TITLE	DATE

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.