

1.) CORPORATION NAME:

Securian Financial Services, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0471948**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 ROBERT STREET NORTH

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE IGNATIUS CONNOLLY	
TITLE:	P/CEO	
ADDRESS:	400 ROBERT ST NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUZANNE S CHOCHREK	
TITLE:	VICE PRESIDENT	
ADDRESS:	400 ROBERT STREET NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD A DIEHL	
TITLE:	VP/CIO	
ADDRESS:	400 ROBERT ST NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT C THORSON	
TITLE:	VP-BUS OPER/T	
ADDRESS:	400 ROBERT ST NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LOYALL E WILSON	
TITLE:	SR VP/CCO/S	
ADDRESS:	400 ROBERT ST NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIMBERLY K CARPENTER	
TITLE:	ASST SECRETARY	
ADDRESS:	400 ROBERT STREET NORTH	
CITY/ST/ZIP/CO:	ST PAUL, MN 55101	

NAME: DEAN F CZARNETZKI TITLE: ASST SECRETARY ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JANET M HILL TITLE: ASST SECRETARY ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CRYSTAL K OPSE TITLE: ASST SECRETARY ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WARREN J ZACCARO TITLE: DIRECTOR ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY R CHRISTENSEN TITLE: DIRECTOR ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.		
/s/ GEORGE IGNATIUS CONNOLLY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE IGNATIUS CONNOLLY, P/CEO _____ PRINTED NAME AND CORPORATE TITLE	11/23/2012 _____ 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.		