

1.) CORPORATION NAME:

**Securian Financial Group, 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: **F1843665**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	600,000
COMB	250,000
PREFER	150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 ROBERT ST N

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.

<p>NAME: CHRISTOPHER M HILGER TITLE: PRESIDENT ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST. PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WARREN J ZACCARO TITLE: VICE PRESIDENT ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT L SENKLER TITLE: CEO ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL M DWYER TITLE: ASST SECRETARY ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DENNIS E PROHOFSKY TITLE: SECRETARY ADDRESS: 400 ROBERT STREET NORTH CITY/ST/ZIP/CO: ST PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Dean Czarnetzki TITLE: ASST SECRETARY ADDRESS: 400 Robert St N CITY/ST/ZIP/CO: St Paul, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	David J LePlavy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	400 Robert St N		
CITY/ST/ZIP/CO:	St Paul, MN 55101		

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/ Dean Czarnetzki	Dean Czarnetzki, ASST	12/18/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.