2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# F09000005039

Entity Name: ING AMERICA INSURANCE HOLDINGS, INC.

Current Principal Place of Business:

5780 POWERS FERRY ROAD NW
ATLANTA, GA 303274390

New Principal Place of Business:

Current Mailing Address:

5780 POWERS FERRY ROAD NW
ATLANTA, GA 303274390

New Mailing Address:

FEI Number: 52-1222820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: LEARY, ROBERT G
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169 US

Title: S
Name: BENNER, JOY M
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401 US

Title: TSVP
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327 US

Title: DCFO
Name: STEENBERGEN, EWOUT
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169 US

Title: EVP
Name: HEALY, BRIDGET M
Address: 230 PARK AVE
City-St-Zip: NEW YORK, NY 10169 US

Title: AS
Name: NELSON, TINA M
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

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: TINA NELSON AS 03/01/2011

Electronic Signature of Signing Officer or Director Date