**FILED** 

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91498 039 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 837255 DOCUMENT #

1. Entity Name

ING LIFE INSURANCE AND ANNUNITY COMPANY

Principal Place of Business 151 FARMINGTON AVENUE TN41 HARTFORD CT 06156-0001		Mailing Address 20 WASHINGTON AVENUE S. RT 1260 MINNEAPOLIS MN 55401				L KROTOK KOKARA TISUN SORIO KINDAL RIJAK ONIL OKONI ALIRIK BISUK OHOĆIJ ALIRIK OKONI	
2. Principal Place of Business		3. Mailing Address					
2. Fillicipal Flace of business		5. Maining Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4.	71-0294708 Applied For Not Applicable	
Zip Country		Zip Country			5.	5. Certificate of Status Desired   S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name C.T					CT	Corporation	
	SURANCE COMMISSIONER	- X	Street Address			(P.O. Box Number is Not Acceptable)	
CAPITOL BUILDING TALLAHASSEE FL 32304							
TALLAMAS	SSEE FL 32304		1200			South fine Island Road	
3.5						tation FL Zip Code 33324	
8 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Landred Multyn Aut Suy 4/25/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constating)  DATE							
FILE NOW!!! FEE IS \$150.00							
After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
Make Check Payable to Florida Department of State						Added to 1 ees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THILE	PD	☐ Delete	TITLE		D	Change Addition	
NAME STREET ADDRESS	MCINERNEY, THOMAS  4 BROOK RBG.		NAME		McIn	Powers Ferry Rd, NW	
CITY-ST-ZIP	WEST SIMSBURY-CT 06092		•	T ADDRESS ST-ZIP	5780	nta, GA 30327	
TITLE	SRVP	<b>⊠</b> Delete	TITLE	<b>4.</b> 2	A5	Change Addition	
NAME	SMITH, CATHERINE	PA Delete	NAME			<del></del>	
STREET ADDRESS	90 FOOTE HILL RD		STREE	T ADDRESS	3chot	f, Rebecca A. ashington avenue South	
CITY-ST-ZIP	NORTHFORD CT 06472		CITY-	ST-ZIP	minn	reapolis, my 55401	
TITLE	Т	☐ Delete	TITLE		\1 0/T	M Change ☐ Addition	
NAME	PONDERGRASS, DAVID		NAME		Pendo	ergrass, David S. Powers Erry Rd, NW	
STREET ADDRESS	4543 CAPERS CROSSING			T ADDRESS	5780	Powers Erry Rd, NW	
CiTY-ST-ZIP	NORCROSS GA 30092			ST-ZIP	atlar	nta, GA 30327	
TITLE	S BALLA	☐ Delete			5	Change - Addition	
NAME STREET ADDRESS	CLUDRAY-ENGELKE, PAULA   2260 INCA LANE		NAME	T ADDRESS	20 10	ay-Engelke, Paula ashington Avenue South 7	
CITY-ST-ZIP	NEW BRIGHTON MN 55112			ST-ZIP	minn	reapolis, mn SS401	
TITLE	VP	Delete	TITLE		VP	Change Addition	
NAME	ELMY, JOSEPH	LI Delete	NAME		Elmy	, Joseph J	
STREET ADDRESS	854 WOODTICK RD.			T ADDRESS	151 F	Farmington Avenue	
CITY-ST-ZIP	WOLCOTT CT 06716		CITY-S	ST-ZIP	Hart	Farmington Avenue ] ford, CT 06156	
TITLE	SRVP	☐ Delete	TITLE				
NAME	MATHEWS, SHAUN P		NAME		mathe	ous, Shaun F	
STREET ADDRESS	19 BROOK DRIVE		•	T ADDRESS	151 F	Farmington Avenue ]	
CITY-ST-ZIP	SIMSBURY CT 06070		CITY-	ST-ZIP	Harts	lord of 06156 ]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: