

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002718

**Entity Name:** ING FINANCIAL ADVISERS, LLC

**Current Principal Place of Business:**

ONE ORANGE WAY  
WINDSOR, CT 06095

**Current Mailing Address:**

ONE ORANGE WAY  
WINDSOR, CT 06095 US

**FEI Number:** 06-1375177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           KENNEDY, PATRICK  
Address        ONE ORANGE WAY  
City-State-Zip: WINDSOR CT 06095

Title           MANAGER  
Name           LINTON, RICHARD JR.  
Address        ONE ORANGE WAY  
City-State-Zip: WINDSOR CT 06095

Title           MANAGER  
Name           HALLORAN, THOMAS  
Address        30 BRAINTREE HILL OFFICE PARK  
City-State-Zip: BRAINTREE MA 02184

Title           AUTHORIZED MEMBER  
Name           ING LIFE INSURANCE AND ANNUITY  
                  COMPANY  
Address        ONE ORANGE WAY  
City-State-Zip: WINDSOR CT 06095

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TINA NELSON

**ASSISTANT SECRETARY   03/31/2014  
OF AUTHORIZED  
MEMBER**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date