2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829977

FILED Mar 01, 2011 Secretary of State

Entity Name: ING USA ANNUITY AND LIFE INSURANCE COMPANY

US

Current Principal Place of Business: New Principal Place of Business:

909 LOCUST STREET DES MOINES, IA 50309

Current Mailing Address: New Mailing Address:

20 WASHINGTON AVE. S. ROUTE 1226 MINNEAPOLIS, MN 55401 US

FEI Number: 41-0991508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: P/D

Name: SMITH, MICHAEL

Address: 1475 DUNWOODY DRIVE City-St-Zip: WEST CHESTER, PA 19380

Title: SVPT

Name: PENDERGRASS, DAVID S Address: 5780 POWERS FERRY RD. NW

City-St-Zip: ATLANTA, GA 30327

Title: D

Name: BRITTON, DONALD W

Address: 20 WASHINGTON AVENUE SOUTH

City-St-Zip: MINNEAPOLIS, MN 55401

Title: AS

Name: NELSON, TINA M

Address: 20 WASHINGTON AVE. SOUTH City-St-Zip: MINNEAPOLIS, MN 55401

Title: DCFO

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

Title: S

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