

Division of Corporations

Page 1 of 1

829977

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

14 SEP -2 AM 10:31

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ING USA ANNUITY AND LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

RECEIVED

14 SEP -3 AM 10:35

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 4 2014

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ING USA Annuity and Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 829977

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

tina.nelson@us.ing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 SEP -2 AM 10:31

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

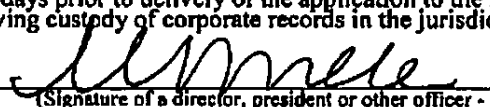
829977

(Document number of corporation (if known))

1. ING USA Annuity and Life Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Iowa (Incorporated under laws of) 3. 04/24/1973 (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 09/01/2014
5. Voya Insurance and Annuity Company  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
- (New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- (New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Melissa O'Donnell  
(Typed or printed name of person signing)

Asst. Secretary  
(Title of person signing)

Page 2  
Date: 8/20/2014

# IOWA

## SECRETARY OF STATE

Name: VOYA INSURANCE AND ANNUITY COMPANY (490 DP - 286106)

e. I further certify that according to the records filed with the Secretary of State's office the above named entity filed an amendment to the articles of incorporation on 06/11/2014, effective 09/01/2014, changing the name from ING USA ANNUITY AND LIFE INSURANCE COMPANY to VOYA INSURANCE AND ANNUITY COMPANY.



  
MATT SCHULTZ, SECRETARY OF STATE



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# IOWA

## SECRETARY OF STATE

### CERTIFICATE OF EXISTENCE

Date: 8/20/2014

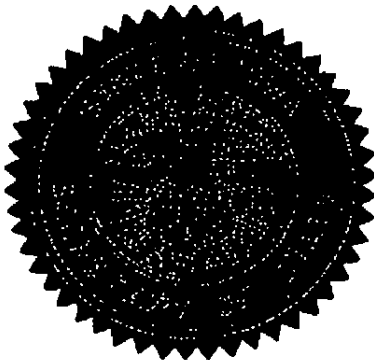
Name: VOYA INSURANCE AND ANNUITY COMPANY (490 DP - 286106)

Date of Incorporation: 10/9/2003

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.
- e. Other facts of record requested by applicant will be on an attachment.



  
MATT SCHULTZ, SECRETARY OF STATE



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Page 2  
Date: 8/20/2014

# IOWA

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MATT SCHULTZ SECRETARY OF STATE