2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90176 036 ***150.00

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1. Entity Name
ING LIFE INSURANCE AND ANNUITY COMPANY

Principal Place of Business	Mailing Address
151 FARMINGTON AVENUE TN41 HARTFORD, CT 06156-0001 US	20 WASHINGTON AVENUE S. RT 1260 MINNEAPOLIS, MN 55401 US

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 71-0294708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINERNEY, THOMAS J 5780 POWERS FERRY RD. NW ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SCHOFF, REBECCA A 20 WASHINGTON AVE. SOUTH MINNEAPOLIS, MN 55401	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Steffer, Edwina P.J. 20 Washington Avenue South Minneapolis, MN 55401	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PONDERGRASS, DAVID 5780 POWERS FERRY RD. NW ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLUDRAY-ENGELKE, PAULA 20 WASHINGTON AVE. SOUTH MINNEAPOLIS, MN 55401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELMY, JOSEPH 151 FARMINGTON AVE. HARTFORD, CT 06156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP MATHEWS, SHAUN P 151 FARMINGTON AVE. HARTFORD, CT 06156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Paula Cludray-Engelke, Secretary April 22, 2004 (612)342-3974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #