

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 036 ***150.00

DOCUMENT # 837255	
1. Entity Name ING LIFE INSURANCE AND ANNUITY COMPANY	

Principal Place of Business 151 FARMINGTON AVENUE TN41 HARTFORD, CT 06156-0001 US	Mailing Address 20 WASHINGTON AVENUE S. RT 1260 MINNEAPOLIS, MN 55401 US
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04069315



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

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 71-0294708	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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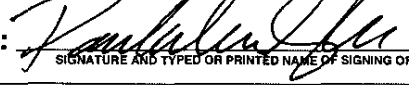
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. 32399 TALLAHASSEE, FL 32399		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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	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
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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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Steffe, Edwina P.J. 20 Washington Avenue South Minneapolis, MN 55401 ☐ Change ☒ 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 #