2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# 837255

Entity Name: ING LIFE INSURANCE AND ANNUNITY COMPANY

Current Principal Place of Business:

151 FARMINGTON AVENUE
TN41
HARTFORD, CT 061560001 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE S.
RT 1260
MINNEAPOLIS, MN 55401 US

New Mailing Address:

FEI Number: 71-0294708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: MCINERNEY, THOMAS J
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: AS ( ) Delete
Name: RENELT, LORALEE A
Address: 20 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: T ( ) Delete
Name: PENDERGRASS, DAVID
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: S ( ) Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VP ( ) Delete
Name: ELMY, JOSEPH
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: SRVP ( ) Delete
Name: MATHEWS, SHAUN P
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COMER, BRIAN D
Address: 151 FARMINGTON AVENUE
City-St-Zip: HARTFORD, CT 06156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORALEE A. RENELT AS 08/30/2005

Electronic Signature of Signing Officer or Director — Date