

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837255

FILED
Mar 01, 2011
Secretary of State

Entity Name: ING LIFE INSURANCE AND ANNUITY COMPANY

Current Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE S.
RT 1226
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: P/D
Name: SMITH, CATHERINE H
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: AS
Name: NELSON, TINA M
Address: 20 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: TSVP
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY RD. NW
City-St-Zip: ATLANTA, GA 30327

Title: S
Name: BENNER, JOY M
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

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

Title: D
Name: LEARY, ROBERT G
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169

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

Electronic Signature of Signing Officer or Director

Date