

8/2/2014 16:56:39 From: To: (850)6176380

(1/6)

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000205904 3)))



H140002059043ABCZ

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

SEP -3 2014

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

R. WHITE

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

Email Address: _____

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

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

RECEIVED
14 SEP -2 PM 5:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
14 SEP -2 AM 11:05
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ING Life Insurance and Annuity Company
Name of Corporation

DOCUMENT NUMBER: 837255

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

14 SEP -2 AM 11:05

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)

837255

(Document number of corporation (if known))

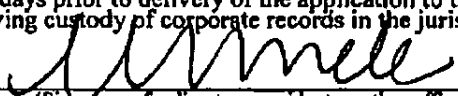
1. ING Life Insurance and Annuity Company
(Name of corporation as it appears on the records of the Department of State)
2. Connecticut 3. 08/16/1971
(Incorporated under laws of) (Date authorized to do business in Florida)

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. Voys Retirement 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)

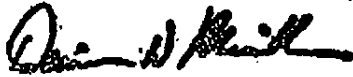
Melissa O'Donnell
(Typed or printed name of person signing)

Asst. Secretary
(Title of person signing)

41-66
Rev. 2/94

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that ING LIFE INSURANCE AND ANNUITY COMPANY
changed its name to VOYA RETIREMENT INSURANCE AND ANNUITY
COMPANY by virtue of a Certificate of Amendment filed with this office on May 8,
2014.



Secretary of the State

Date Issued: August 22, 2014

acj



State of Connecticut
Insurance Department

**This is to Certify, that the Amended and Restated Certificate of Incorporation of
ING Life Insurance and Annuity Company, with
respect to the change of name to Voya Retirement
Insurance and Annuity Company, has been reviewed
and approved.**

Witness my hand and official seal, at HARTFORD,

the 2nd day of May, 2014

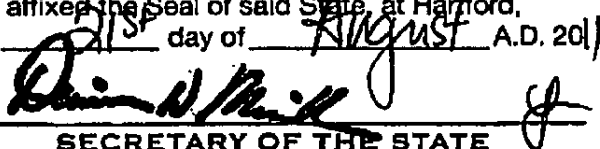
A handwritten signature in cursive script, appearing to read "Thomas B. Pearson".

Insurance Commissioner

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 21st day of August A.D. 2014



SECRETARY OF THE STATE