2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91498 039 ***150.00

DOCUMENT # 837255

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

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

☒ CHECK HERE IF MAKING CHANGES

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

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name CT Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL Zip Code 33324

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 Andrea McIlyn Andrea McIlyn, Asst. Sec 4/25/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD MCINERNEY, THOMAS 4 BROOK RBG. WEST SIMSBURY CT 06092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McInerney, Thomas J. 5780 Powers Ferry Rd, NW Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP SMITH, CATHERINE 90 FOOTE HILL RD NORTHFORD CT 06472	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Schoff, Rebecca A. 20 Washington Avenue South Minneapolis, MN 55401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PONDERGRASS, DAVID 4543 CAPERS CROSSING NORCROSS GA 30092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T Pendergrass, David S. 5780 Powers Ferry Rd, NW Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLUDRAY-ENGELKE, PAULA 2260 INCA LANE NEW BRIGHTON MN 55112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cludray-Engelke, Paula 20 Washington Avenue South Minneapolis, MN 55401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELMY, JOSEPH 854 WOODTICK RD. WOLCOTT CT 06716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Elmy, Joseph J. 151 Farmington Avenue Hartford, CT 06156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP MATHEWS, SHAUN P 19 BROOK DRIVE SIMSBURY CT 06070	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP Mathews, Shaun P. 151 Farmington Avenue Hartford, CT 06156	☒ 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: Rebecca A. Schoff **REQUIRED** Rebecca A. Schoff 4/24/03 612-342-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)