

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2011
Secretary of State

Entity Name: ING NORTH AMERICA INSURANCE CORPORATION

Current Principal Place of Business:

5780 POWERS PERRY NW
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1226
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 52-1317217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LEARY, ROBERT G
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169

Title: D
Name: FLYNN, PATRICK G
Address: AMSTELVEENSEWEG 500
City-St-Zip: AMSTERDAM, NH 1081 KL NL

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

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

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

Title: AS
Name: PRICE, RANDALL K
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

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: RANDALL K. PRICE

AS

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date