

Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

ING Insurance Agency, Inc.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ING Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 84-1490645

(FEI number, if applicable)

4. 12/18/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 North Sepulveda Blvd., El Segundo, CA 90243

(Principal office address)

20 Washington Ave. S. Minneapolis, MN 55401

(Current mailing address)

8. Insurance Agency

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Jeanne Nelson

(Registered agent's signature)

Jeanne Nelson
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Stanley R. Smiley

Address: 200 North Sepulveda Blvd.

El Segundo, CA 90245

Vice President: Karl S. Lindberg

Address: 909 Locust Street

Des Moines, IA 50309

Secretary: Joy M. Bonner

Address: 20 Washington Ave. S., Minneapolis, MN 55401

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. M. Christine Foster

(Signature of Director or Officer listed in number 12 of the application)

14. M. Christine Foster Assistant Secretary

(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

- 1 Full Name: David S. Pendergrass
Officer/Director: Officer
Officer's Title: Vice President and Treasurer
Director's Title:
Business Address: 5780 Powers Ferry Rd.
City: Atlanta
State: GA
ZIP Code: 30327
- 2 Full Name: M. Christine Foster
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 20 Washington Ave. S.
City: Minneapolis
State: MN
ZIP Code: 55401
- 3 Full Name: Susan M. Vega
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 20 Washington Ave. S.
City: Minneapolis
State: MN
ZIP Code: 55401
- 4 Full Name: Karl S. Lindberg
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Director
Business Address: 909 Locust Street
City: Des Moines
State: IA
ZIP Code: 50309
- 5 Full Name: Randall L. Ciccati

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Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:
6 Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Director

Director
400 First Street South
St. Cloud
MN
56301
John S. Simmers
Director

Director
200 North Sepulveda Blvd.
El Segundo
CA
90245

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State of California
Secretary of State

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**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 18th day of December, 2006, **ING INSURANCE AGENCY, INC.** became recognized under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
March 11, 2008.



Debra Bowen

DEBRA BOWEN
Secretary of State