2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F08000001260

Entity Name: ING INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 N. SEPULVEDA BLVD.
EL SEGUNDO, CA 90245

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE. S.
MINNEAPOLIS, MN 55401

New Mailing Address:

20 WASHINGTON AVE. S.
ROUTE 1226
MINNEAPOLIS, MN 55401

FEI Number: 84-1490645 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMILEY, STANLEY R
Address: 200 N. SEPULVEDA BLVD.
City-St-Zip: EL SEGUNDO, CA 90245

Title: V ( ) Delete
Name: LINDBERG, KARL S
Address: 909 LOCUST ST.
City-St-Zip: DES MOINES, IA 50309

Title: S ( ) Delete
Name: BENNER, JOY M
Address: 20 WASHINGTON AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VT ( ) Delete
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY RD.
City-St-Zip: ATLANTA, GA 30327

Title: AS ( ) Delete
Name: FOSTER, M. CHRISTINE
Address: 20 WASHINGTON AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D ( ) Delete
Name: CICCATI, RANDALL L
Address: 400 FIRST ST. SOUTH
City-St-Zip: ST. CLOUD, MN 56301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SMILEY, STANLEY R
Address: 200 N. SEPULVEDA BLVD.
City-St-Zip: EL SEGUNDO, CA 90245

Title: P/D (X) Change ( ) Addition
Name: LINDBERG, KARL S
Address: 909 LOCUST ST.
City-St-Zip: DES MOINES, IA 50309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T/VP (X) Change ( ) Addition
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY RD.
City-St-Zip: ATLANTA, GA 30327

Title: AS (X) Change ( ) Addition
Name: VEGA, SUSAN M
Address: 20 WASHINGTON AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D (X) Change ( ) Addition
Name: MACKE, SAMUEL L
Address: 909 LOCUST STREET
City-St-Zip: DES MOINES, IA 50309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN M. VEGA AS 04/24/2009

Electronic Signature of Signing Officer or Director — Date