

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000538

FILED
Apr 12, 2005
Secretary of State

Entity Name: ING INSURANCE SERVICES, INC.

Current Principal Place of Business:

151 FARMINGTON AVE.
TN41
HARTFORD, CT 061562000

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S.
ROUTE 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 06-1465377 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: PD () Delete
Name: DIFORE, DANIEL L
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06156

Title: T () Delete
Name: ELMY, JOSEPH J
Address: 5780 POWERS FERRY ROAD, NW
City-St-Zip: ATLANTA, GA 30327

Title: S () Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVENUE S
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VPD () Delete
Name: KELSEY, DAVID A
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06156

Title: D () Delete
Name: LAREAU, CHRISTINA
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06103

Title: AS () Delete
Name: SCHOFF, REBECCA A
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD, NW
City-St-Zip: ATLANTA, GA 30327

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

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

Title: VPD (X) Change () Addition
Name: LAREAU, CHRISTINA
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06103

Title: AS (X) Change () Addition
Name: OLS, KRYSTAL L
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRYSTAL L. OLS

AS

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date