2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000538

Entity Name: ING INSURANCE SERVICES, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE ORAN WINDSOR,						
Current Mailing Address:			N	New Mailing Address:		
20 WASHINGTON AVE S. MINNEAPOLIS, MN 55401			R	20 WASHINGTON AVE S. ROUTE 1226 MINNEAPOLIS, MN 55401		
FEI Number:	06-1465377	FEI Number Applied For ()	FEI Numbe	er Not Applic	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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 Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () DIFORE, DANIEL ONE ORANGE WWINDSOR, CT 0	AY	Na Ad	ddress:	P/D (X) Change () Addition DIFORE, DANIEL L ONE ORANGE WAY WINDSOR, CT 06095	
Title: Name: Address: City-St-Zip:	PENDERGRASS,	ERRY ROAD, NW	Na Ad	ame: ddress:	T/VP (X) Change () Addition PENDERGRASS, DAVID S 5780 POWERS FERRY ROAD, NW ATLANTA, GA 30327	
Title: Name: Address: City-St-Zip:	S () E BENNER, JOY M 20 WASHINGTON MINNEAPOLIS, M		Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () C KELSEY, DAVID A ONE ORANGE W WINDSOR, CT 0	4 AY	Na Ad		D/VP (X) Change () Addition KELSEY, DAVID A ONE ORANGE WAY WINDSOR, CT 06095	
Title: Name: Address: City-St-Zip:	VPD () D BARHORST, RON ONE ORANGE W WINDSOR, CT 0	AY	Na Ad	tle: ame: ddress: ity-St-Zip:	SVPD (X) Change () Addition BARHORST, RONALD ONE ORANGE WAY WINDSOR, CT 06095	
Title: Name: Address: City-St-Zip:	AS () C VEGA, SUSAN M 20 WASHINGTON MINNEAPOLIS, M		Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	

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