

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000538

FILED
Mar 01, 2011
Secretary of State

Entity Name: ING INSURANCE SERVICES, INC.

Current Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S.
ROUTE 1226
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

OFFICERS AND DIRECTORS:

Title: P/D
Name: DIFORE, DANIEL L
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: T/VP
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD, NW
City-St-Zip: ATLANTA, GA 30327

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

Title: D/VP
Name: KELSEY, DAVID A
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: DSVP
Name: BARHORST, RONALD
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: AS
Name: NELSON, TINA M
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: TINA NELSON

AS

03/01/2011

Electronic Signature of Signing Officer or Director

Date