

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91498 038 \*\*\*150.00

**DOCUMENT # F97000000538**

**1. Entity Name**  
**ING INSURANCE SERVICES, INC.**



**Principal Place of Business**  
**151 FARMINGTON AVE.**  
**TN41**  
**HARTFORD CT 06156-2000**

**Mailing Address**  
**20 WASHINGTON AVE S.**  
**ROUTE 1261**  
**MINNEAPOLIS MN 55401**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **06-1465377**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOWEN, REGINALD			NAME	Di Fiore, Daniel L.		
STREET ADDRESS	551 GOODALE HILL RD			STREET ADDRESS	151 Farmington Avenue		
CITY-ST-ZIP	GLASTONBURY CT 06033			CITY-ST-ZIP	Hartford, CT 06156		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	Tax Officer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELMY, JOSEPH J			NAME			
STREET ADDRESS	5780 POWERS FERRY ROAD, NW			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30327			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	V.P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLUDRAY-ENGELKE, PAULA			NAME	Kelsey, David A.		
STREET ADDRESS	20 WASHINGTON AVENUE S			STREET ADDRESS	151 Farmington Avenue		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	Hartford, CT 06156		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AUGSBERGER, MARIE			NAME	Schoff, Rebecca A.		
STREET ADDRESS	151 FARMINGTON AVE			STREET ADDRESS	20 Washington Avenue South		
CITY-ST-ZIP	HARTFORD CT 06103			CITY-ST-ZIP	Minneapolis, MN 55401		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAREAU, CHRISTINA			NAME			
STREET ADDRESS	151 FARMINGTON AVE			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06103			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWEN, REGINALD			NAME			
STREET ADDRESS	551 GOODALE HILL RD			STREET ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT 06033			CITY-ST-ZIP			

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Rebecca A. Schoff*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Rebecca A. Schoff* 4.25.03 612-342-3920  
Date Daytime Phone #

CR2E034 (10/02)