

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 023 ***150.00

DOCUMENT # P00000001592

1. Entity Name
ING INSURANCE COMPANY OF AMERICA



Principal Place of Business
2202 N. WESTSHORE BLVD., #350
TAMPA, FL 33607

Mailing Address
20 WASHINGTON AVE. S
MINNEAPOLIS, MN 55401

94069370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
06-1286272

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MCINERNEY, THOMAS J
STREET ADDRESS 5780 PWERS FERRY RD. NW
CITY-ST-ZIP ATLANTA, GA 30327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS TULLIS, MARK A
CITY-ST-ZIP 5780 POWERS FERRY RD. NW
ATLANTA, GA 30327

TITLE ☐ Change ☒ Addition
NAME CFO and Director
STREET ADDRESS Wheat, David A.
CITY-ST-ZIP 5780 Powers Ferry Road NW
Atlanta, GA 30327

TITLE ☐ Delete
NAME PD
STREET ADDRESS GUBBAY, KEITH
CITY-ST-ZIP 5780 POWERS FERRY RD. NW
ATLANTA, GA 30327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS CLUDRAY-ENGELKE, PAULA
CITY-ST-ZIP 20 WASHINGTON AVE. S
MINNEAPOLIS, MN 55401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME AS
STREET ADDRESS SCHOFF, REBECCA A
CITY-ST-ZIP 20 WASHINGTON AVENUE SOUTH
MINNEAPOLIS, MN 55401

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
STREET ADDRESS Steffer, Edwina P.J.
CITY-ST-ZIP 20 Washington Avenue South
Minneapolis, MN 55401

TITLE ☒ Delete
NAME D
STREET ADDRESS LOWERY, P. RANDALL
CITY-ST-ZIP 5780 POWERS FERRY ROAD NW
ATLANTA, GA 30327

TITLE ☐ Change ☒ Addition
NAME Treasurer and VP
STREET ADDRESS Pendergrass, David S.
CITY-ST-ZIP 5780 Powers Ferry Road NW
Atlanta, GA 30327

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: *Paula Cludray-Engelke* **Paula Cludray-Engelke** **4/22/04** **(612) 342-3968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #