

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001592

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: ING INSURANCE COMPANY OF AMERICA

## Current Principal Place of Business:

2202 N. WESTSHORE BLVD., #350  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

20 WASHINGTON AVE. S  
MINNEAPOLIS, MN 55401

## New Mailing Address:

FEI Number: 06-1286272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: D ( ) Delete  
Name: MCINERNEY, THOMAS J  
Address: 5780 PWERS FERRY RD. NW  
City-St-Zip: ATLANTA, GA 30327

Title: CFOD ( ) Delete  
Name: WHEAT, DAVID A  
Address: 5780 POWERS FERRY RD. NW  
City-St-Zip: ATLANTA, GA 30327

Title: PD ( ) Delete  
Name: GUBBAY, KEITH  
Address: 5780 POWERS FERRY RD. NW  
City-St-Zip: ATLANTA, GA 30327

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

Title: AS ( ) Delete  
Name: STEFFER, EDWINA P. J.  
Address: 20 WASHINGTON AVENUE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: TVP ( ) Delete  
Name: PENDERGRASS, DAVID S  
Address: 5780 POWERS FERRY ROAD NW  
City-St-Zip: ATLANTA, GA 30327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition  
Name: COMER, BRIAN D  
Address: 151 FARMINGTON AVENUE  
City-St-Zip: HARTFORD, CT 06156

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

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

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

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