

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214503721

1.) CORPORATION NAME:

**ING Financial Partners, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0247025**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 909 LOCUST ST

CITY/ST/ZIP: DES MOINES, IA 50309

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KARL S LINDBERG  
 TITLE: DIRECTOR  
 ADDRESS: 909 LOCUST ST  
 CITY/ST/ZIP/CO: DES MOINES, IA 50309

OFFICER  DIRECTOR

NAME: JULIE COONEY  
 TITLE: VP & CCO  
 ADDRESS: 909 LOCUST STREET  
 CITY/ST/ZIP/CO: DES MOINES, IA 50309

OFFICER  DIRECTOR

NAME: JOSEPH ELMY  
 TITLE: VP, TAX  
 ADDRESS: 5780 POWERS FERRY ROAD NW  
 CITY/ST/ZIP/CO: ATLANTA, GA 30327

OFFICER  DIRECTOR

NAME: DAVID KELSEY  
 TITLE: VICE PRESIDENT  
 ADDRESS: ONE ORANGE WAY  
 CITY/ST/ZIP/CO: WINDSOR, CT 06095

OFFICER  DIRECTOR

NAME: FREDERICK LITOW  
 TITLE: VICE PRESIDENT  
 ADDRESS: 5780 POWERS FERRY ROAD NW  
 CITY/ST/ZIP/CO: ATLANTA, GA 30327

OFFICER  DIRECTOR

NAME: DAVID PENDERGRASS  
 TITLE: VP/T  
 ADDRESS: 5780 POWERS FERRY RD NW  
 CITY/ST/ZIP/CO: ATLANTA, GA 30327

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SPENCER T. SHELL VP & ASST TREAS 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN P. STYCH VP, SALES&MKTG 909 LOCUST STREET DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRAN TITUS VICE PRESIDENT ONE ORANGE WAY WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA M. NELSON ASST SEC 20 WASHINGTON AVE SOUTH MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER TROVATO VICE PRESIDENT 909 LOCUST STREET DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY EIDEX TAX OFFICER 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN HUDDLESTON SECRETARY ONE ORANGE WAY WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIN HULTGREN CFO ONE ORANGE WAY WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA ODONNELL ASST SECRETARY 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER OGREN ASST SECRETARY 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY OWENS TAX OFFICER 5780 POWERS FERRY ROAD NW ATLANTA, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN WILSON ASST. CFO ONE ORANGE WAY WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD LINTON, JR. CEO ONE ORANGE WAY WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. Nikol Gianopoulos ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Angelia Lattery ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Angela Kahrman COO One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas Halloran PRESIDENT 30 Braintree Hill Office Park Braintree, MA 02184	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christina Hurley VICE PRESIDENT One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Toth VICE PRESIDENT One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TINA M. NELSON	TINA M. NELSON, ASST SEC	1/14/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.