

1.) CORPORATION NAME:

DUE DATE: **12/31/2012**

ING Life Insurance and Annuity Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0313504**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ORANGE WAY

CITY/ST/ZIP: WINDSOR, CT 06095

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.

<p>NAME: MALIZ BEAMS TITLE: PRES/DIR ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID PENDERGRASS TITLE: SR VP/TREAS ADDRESS: 5780 POWERS FERRY RD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PATRICK FLYNN TITLE: CHAIRMAN ADDRESS: AMSTELVEENSEWIG 500 CITY/ST/ZIP/CO: 1081 KL AMSTERDAM NETHERLANDS, CT 06095</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MEGAN HUDDLESTON TITLE: SECRETARY ADDRESS: ONE ORANGE WAY CITY/ST/ZIP/CO: WINDSOR, CT 06095</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DONALD W BRITTON TITLE: DIRECTOR ADDRESS: 20 WASHINGTON AVE S CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Alain Karaoglan TITLE: DIRECTOR ADDRESS: 230 Park Avenue CITY/ST/ZIP/CO: New York, NY 10169</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rodney Martin DIRECTOR 230 Park Avenue New York, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Smith DIRECTOR 1475 Dunwoody Dr West Chester, PA 19380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ewout Steenberg EVP, CFO 230 Park Avenue New York, NY 10169	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ralph Ferraro SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Kaye SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick Lusk SVP, AA 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Mason SVP One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gilbert Mathis SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven Pierson SVP, CAO 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Boyd Combs SVP, Tax 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tina Nelson ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Randall K. Price	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

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 Nelson	Tina Nelson, ASST SECRETARY	10/30/2012
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.