

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

**ING Life Insurance and Annuity Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0313504**

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

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.

NAME:	Mary E. Beams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		
NAME:	DAVID PENDERGRASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/TREAS		
ADDRESS:	5780 POWERS FERRY RD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	EWOUT STEENBERGEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	230 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10169		
NAME:	BOYD COMBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, TAX		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	RALPH FERRARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		
NAME:	MEGAN HUDDLESTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, Secretary		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK KAYE SVP, CFO 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:	TINA NELSON 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:	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:	DONALD W BRITTON DIRECTOR 20 WASHINGTON AVE S MINNEAPOLIS, MN 55401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAIN M. KARAOGLAN DIRECTOR 230 PARK AVENUE NEW YORK, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY O. MARTIN, JR 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 EVP 1475 DUNWOODY DRIVE WEST CHESTER, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine L. Hurtsellers SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Michael J. Gioffre TITLE: SVP ADDRESS: One Orange Way CITY/ST/ZIP/CO: Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Tina A. Campbell TITLE: SVP ADDRESS: 30 Braintree Hill Office Park CITY/ST/ZIP/CO: Braintree, MA 02184	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Howard F. Greene TITLE: SVP ADDRESS: 230 Park Avenue CITY/ST/ZIP/CO: New York, NY 10169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Diane M. McCarthy TITLE: SVP ADDRESS: 1475 Dunwoody Drive CITY/ST/ZIP/CO: West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jennifer M. Ogren TITLE: ASST SECRETARY ADDRESS: 20 Washington Avenue South CITY/ST/ZIP/CO: Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Melissa ODonnell TITLE: ASST SECRETARY ADDRESS: 20 Washington Avenue South CITY/ST/ZIP/CO: Minneapolis, MN 55401	<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 NELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TINA NELSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/19/2013 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.		