

1.) CORPORATION NAME:

ING Insurance Services, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1282401**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 06095-4774

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL DIFIORE	
TITLE:	PRESIDENT	
ADDRESS:	ONE ORANGE WAY	
CITY/ST/ZIP/CO:	WINDSOR, CT 06095	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID KELSEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE ORANGE WAY	
CITY/ST/ZIP/CO:	WINDSOR, CT 06095	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK JACKOWITZ	
TITLE:	VICE PRESIDENT	
ADDRESS:	22 CENTURY HILL DRIVE SUITE 101	
CITY/ST/ZIP/CO:	LATHAM, NY 12110	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID S. PENDERGRASS	
TITLE:	VICE PRESIDENT	
ADDRESS:	5780 POWERS FERRY ROAD NW	
CITY/ST/ZIP/CO:	ATLANTA, GA 30327	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SPENCER T. SHELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	5780 POWERS FERRY ROAD NW	
CITY/ST/ZIP/CO:	ATLANTA, GA 30327	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FELIX SILVERIO	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE ORANGE WAY	
CITY/ST/ZIP/CO:	WINDSOR, CT 06095	

NAME:	DAVID S. PENDERGRASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	SPENCER T. SHELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	KARL S. LINDBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	909 LOCUST STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		
NAME:	BOYD COMBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CTO		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	BARRY EIDEX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TAX OFFICER		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	JOSEPH ELMY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TAX OFFICER		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		
NAME:	MEGAN HUDDLESTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		
NAME:	TINA NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	MELISSA ODONNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	JENNIFER OGREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	20 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	TERRY OWENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TAX OFFICER		
ADDRESS:	5780 POWERS FERRY ROAD NW		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

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	1/29/2014
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.		