

ING U.S., Inc.  
Form 3  
May 01, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â ING GROEP NV		(Month/Day/Year)	ING U.S., Inc. [VOYA]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/01/2013		
BIJLMERPLEIN 888			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)	
1102 MG			6. Individual or Joint/Group Filing(Check Applicable Line)	
AMSTERDAM,Â P7Â			<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock (par value \$0.01 per share)	230,000,000	I	By subsidiary <sup>(1)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

Shares

(I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ING GROEP NV BIJLMERPLEIN 888 1102 MG AMSTERDAM, P7	X	X		
ING INSURANCE TOPHOLDING N.V. AMSTELVEENSEWEG 500 AMSTERDAM, P7 1081 KL		X		
ING VERZEKERINGEN N.V. AMSTELVEENSEWEG 500 AMSTERDAM, P7 1081 KL		X		
ING INSURANCE INTERNATIONAL B.V. AMSTELVEENSEWEG 500 AMSTERDAM, P7 1081 KL		X		

## Signatures

/s/ Harris Oliner, attorney  
in fact

05/01/2013

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The securities reported herein are directly beneficially owned by ING Insurance International B.V. ING Verzekeringen N.V. is the sole stockholder of ING Insurance International B.V. ING Insurance Topholding N.V. is the sole stockholder of ING Verzekeringen N.V. ING Groep N.V. is the sole stockholder of ING Insurance Topholding N.V. ING Groep N.V., ING Insurance Topholding N.V. and ING Verzekeringen N.V. are indirect beneficial owners of the securities reported herein.

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### Remarks:

Exhibit List:

Exhibit 24.1 - Power of Attorney (ING Groep N.V.)

Exhibit 24.2 - Power of Attorney (ING Insurance Topholding N.V.)

Exhibit 24.3 - Power of Attorney (ING Verzekeringen N.V.)

Exhibit 24.4 - Power of Attorney (ING Insurance International B.V.)

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.