



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

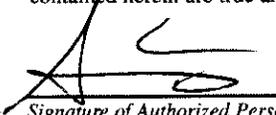
n accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c) is subject to a penalty fee of \$25.00.

1. ID No. 120572		2. Exact name of the limited liability company Allied Solutions, LLC			
3. State of Formation Indiana		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKETING INSURANCE SERVICES AND INVESTMENT SERVICES TO FINANCIAL INSTITUTIONS			
5. Principal office address 11550 North Meridian Street, Suite 275		City Carmel	State IN	Zip 46032	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Amanda McDonald		Contact Title POA			
Street Address 120 S. Central Ave. Suite 400		City Clayton	State MO	Zip 63105	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name Christopher M. Hilger		Manager Name			
Street Address 11550 North Meridian Street, Suite 275		Street Address			
City Carmel	State IN	Zip 46032	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation System		Address			
Address 10 Weybosset Street		City Providence		Zip 02903	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

120572

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person
Date 10/31/07

Amanda C McDonald
Print or Type Name of Authorized Person

FILED
NOV 01 2007
By: 5310104298
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