RI SOS Filing Number: 201070771540 Date: 10/18/2010 11:55 AM

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

**Fee: $50.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Limited Liability Company
## Annual Report

*Filing Period: September 1 - November 1*

*In 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.*

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000120572

**2. Exact Name of the Limited Liability Company** ALLIED SOLUTIONS, LLC

**3. State of Formation**

State: IN

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Market insurance, lending and marketing products and services to financial institutions.

**5. Principal Office Address**

No. and Street: 1320 CITY CENTER DRIVE
SUITE 300
City or Town: CARMEL State: IN Zip: 46032 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PATRICIA A MCGARRY Contact Title: CORPORATE ATTORNEY
No. and Street: 1320 CITY CENTER DRIVE
SUITE 300
City or Town: CARMEL State: IN Zip: 46032 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | CHRISTOPHER M. HILGER | 400 ROBERT STREET NORTH #A8-4765<br>ST. PAUL, MN 55101 USA |
| MANAGER | PETER J. HILGER | 1320 CITY CENTER DRIVE, SUITE 300<br>CARMEL, IN 46032 USA |
| MANAGER | ROBERT J. LIUM | 2805 N. DALLAS PKWY, 3RD FLOOR<br>PLANO, TX 75093 USA |
| MANAGER | DWAYNE C. RADEL | 400 ROBERT STREET NORTH, #21-3747<br>ST. PAUL, MN 55101 USA |
| MANAGER | WARREN J. ZACCARO | 400 ROBERT STREET NORTH, #21-5475<br>ST. PAUL, MN 55101 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

**Signed this 18 Day of October, 2010 at 11:56:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PATRICIA A. MCGARRY
Signature of Authorized Person

Form No. 632
Revised 09/07