



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. <u>120572</u>		2. Exact name of the limited liability company <u>Allied Solutions, LLC</u>	
3. State of Formation <u>IN</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Marketing insurance services and investment services to financial institutions</u>	
5. Principal office address <u>11550 N. Meridian St, Suite 275</u>		City <u>Carmel</u>	State <u>IN</u>
		Zip <u>46032</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Jennifer Benak</u>		Contact Title <u>Facilities Project Specialist</u>	
Street Address <u>11550 N. Meridian St, Suite 275</u>		City <u>Carmel</u>	State <u>IN</u>
		Zip <u>46032</u>	
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>Christopher M. Hilger</u>		Manager Name <u>Robert J. Lium</u>	
Street Address <u>11550 N. Meridian St, Suite 275</u>		Street Address <u>2805 N. Dallas PKWY #300</u>	
City <u>Carmel</u>	State <u>IN</u>	City <u>Piano</u>	State <u>TX</u>
Zip <u>46032</u>		Zip <u>75093</u>	
Manager Name <u>Robert Senkler</u>		Manager Name <u>John Bruder</u>	
Street Address <u>400 Robert Street N</u>		Street Address <u>400 Robert Street N</u>	
City <u>St. Paul</u>	State <u>MN</u>	City <u>St. Paul</u>	State <u>MN</u>
Zip <u>55101</u>		Zip <u>55101</u>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>Allied Solutions, LLC c/o</u>		Address <u>CT Corporation System</u>	
Address <u>10 Weybosset Street</u>		City <u>Providence</u>	Zip <u>02903</u>

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

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.

File Date 8/7/06
Check No. 62248
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date 8/4/06
Print or Type Name of Authorized Person Christopher M. Hilger

Manager Name: Warren Zaccaro
Street Address: 400 Robert Street N
City: St. Paul
State: MN
Zip: 55101



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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 INSURANCE SERVICES TO FINANCIAL INSTITUTIONS			
5. Principal office address 11550 N. MERIDIAN ST #275		City CARMEL	State IN	Zip 46032	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lesli Jameson			Contact Title Licensing Coordinator		
Street Address 11550 N. MERIDIAN ST #275		City CARMEL	State IN	Zip 46032	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> MEMBER MANAGED					
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
MEMBER Manager Name CHRISTOPHER M. HILGER			MEMBER Manager Name RICHARD W. HETZEL		
Street Address 11550 N. MERIDIAN #275			Street Address 2805 N. DALLAS PKWY; 3rd FLOOR		
City CARMEL	State IN	Zip 46032	City PLANO	State TX	Zip 75093
MEMBER Manager Name PETER HILGER			MEMBER Manager Name ROBERT J. LIEM		
Street Address 11550 N. MERIDIAN #275			Street Address 2805 N. DALLAS PKWY 3rd FLOOR		
City CARMEL	State IN	Zip 46032	City PLANO	State TX	Zip 75093
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 signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 5 7 2 *

File Date 1/18/05
Check No. 41181
By: PA

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 11/1/04
Signature of Authorized Person Date
RICHARD W. HETZEL, MEMBER
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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: INSURANCE SERVICES TO FINANCIAL INSTITUTIONS	
5. Principal office address: 11550 NORTH MERIDIAN ST.; Ste. 275		City: CARMEL	State: INDIANA
		Zip: 46032	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Lesli Jameson		Contact Title: Licensing Coordinator	
Street Address: 2805 N. Dallas Pkwy; 3rd Floor		City: Plano	State: TX
		Zip: 75093	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> NO NP			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
MEMBER Manager Name: CHRISTOPHER HILGER		Manager Name: PETER HILGER	
Street Address: 11550 N. MERIDIAN ST.; Ste. 275		Street Address: 11550 N. MERIDIAN ST.; Ste. 275	
City: CARMEL	State: IN	City: CARMEL	State: IN
Zip: 46032		Zip: 46032	
Manager Name: ROBERT LIUM		Manager Name: RICHARD W. HETZEL	
Street Address: 2805 N. Dallas Pkwy; 3rd Flr		Street Address: 2805 N. Dallas Pkwy; 3rd Flr	
City: Plano	State: TX	City: Plano	State: TX
Zip: 75093		Zip: 75093	
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 WEYBOSSEY STREET		City: PROVIDENCE	Zip: 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 5 7 2 *

File Date: 10.3.03

Check No: 28959

By: rc

FOR SECRETARY OF STATE USE ONLY

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.

Richard W. Hetzel 9/22/03
Signature of Authorized Person Date

RICHARD W. HETZEL, MEMBER
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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 INSURANCE SERVICES TO FINANCIAL INSTITUTIONS	
5. Principal office address 11550 N. MERIDIAN #275		City CARMEL	State IN
		Zip 46032	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARK ZIEGLER		Contact Title SR. V.P.	
Street Address 2805 N. DALLAS PKWY #300		City PLANO	State TX
		Zip 75093	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ROBERT J. LIUM		Manager Name CHRIS HILGER	
Street Address 2805 N. DALLAS PKWY #300		Street Address 11550 N. MERIDIAN #275	
City PLANO	State TX	City CARMEL	State IN
Zip 75093		Zip 46032	
Manager Name RICHARD W. HETZEL		Manager Name PETE HILLER	
Street Address 2805 N. DALLAS PKWY #300		Street Address 11550 N. MERIDIAN #275	
City PLANO	State TX	City CARMEL	State IN
Zip 75093		Zip 46032	
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 signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 0 5 7 2 *

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.

File Date 9-12-02
Check No. 18332
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date 9-5-02
Print or Type Name of Authorized Person MARK ZIEGLER