2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# M01000000593

Entity Name: THE SOLUTIONS GROUP INSURANCE AGENCY LLC

Current Principal Place of Business:

3600 WEST 80TH ST.
MINNEAPOLIS, MN 55431

New Principal Place of Business:

3600 AMERICAN BLVD. WEST, STE. 700
ATTN: LEGAL DEPT
MINNEAPOLIS, MN 55431

Current Mailing Address:

3600 WEST 80TH ST.
MINNEAPOLIS, MN 55431 US

New Mailing Address:

3600 AMERICAN BLVD. WEST, STE. 700
ATTN: LEGAL DEPT
MINNEAPOLIS, MN 55431 US

FEI Number: 58-2604312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FOX, RODMAN R	
Address:	100 NYALA FARMS ROAD	
City-St-Zip:	WESTPORT, CT 06880	
Title:	MGR	( ) Delete
Name:	KARON, PAUL L	
Address:	3600 W. 80TH STREET	
City-St-Zip:	MINNEAPOLIS, MN 55431	
Title:	MGR	( ) Delete
Name:	WHITER, JOHN	
Address:	55 BISHOPGATE, LONDON, EC2N 3BD	
City-St-Zip:	UNITED KINGDOM,	
Title:	S	(X) Delete
Name:	O'KEEFE, DANIEL P	
Address:	3600 W. 80TH STREET	
City-St-Zip:	MINNEAPOLIS, MN 55431	
Title:	AS	(X) Delete
Name:	KENYON, THOMAS W	
Address:	3600 W 80TH STREET	
City-St-Zip:	MINNEAPOLIS, MN 55431	
Title:	CFO	(X) Delete
Name:	RADONICH, MILAN	
Address:	100 NYALA FARMS ROAD	
City-St-Zip:	WESTPORT, CT 06880	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	KARON, PAUL L	
Address:	3600 AMERICAN BLVD. WEST, STE. 700	
City-St-Zip:	MINNEAPOLIS, MN 55431	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL L. KARON MGR 02/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date