2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# M01000001439

Entity Name: INSOURCE GROUP, LLC

Current Principal Place of Business:

711 HIGH ST.
DES MOINES, IA 50392

New Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 503920306

Current Mailing Address:

711 HIGH ST.
C/O CAROL LEVINE
DES MOINES, IA 503920306

New Mailing Address:

711 HIGH ST.
ATTN: CAROL LEVINE, S-6-W86
DES MOINES, IA 503920306

FEI Number: 42-1520851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete
Name: PRINCIPAL LIFE INSUR, ANCE COMPANY
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 503920306

ADDITIONS/CHANGES:

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: PATRICIA A. BARRY FOR MEMBER: PLIC ACSE 03/29/2005

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