

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000012

FILED
Jan 12, 2006
Secretary of State

Entity Name: U.S. BANCORP INSURANCE SERVICES, LLC

Current Principal Place of Business:

809 SOUTH 60TH STREET
WEST ALLIS, WI 53214

New Principal Place of Business:

Current Mailing Address:

800 NICOLLET MALL
21ST FLOOR
MINNEAPLIS, MN 55402

New Mailing Address:

FEI Number: 39-1914078

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/MANAGERS:

Title: MGR () Delete
Name: TRUEMAN, DANIEL J
Address: 7TH AND WASHINGTON STREETS
City-St-Zip: ST. LOUIS, MO 63101

Title: MGR (X) Delete
Name: HIDY, RICHARD J
Address: 425 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: POWELL, DAVID A
Address: 809 SOUTH 60TH STREET
City-St-Zip: WEST ALLIS, WI 53214

Title: MGR () Delete
Name: SHORT, STEVEN M
Address: 425 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: MCCORMACK, DANIEL J
Address: 809 SOUTH 60TH STREET
City-St-Zip: WEST ALLIS, WI 53214

Title: MGR () Delete
Name: SCHEPER, THOMAS W
Address: 425 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 Chapter 119, 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: DAVID A. POWELL

MGR

01/12/2006

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