

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000012

FILED
Feb 16, 2010
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
Name: BENJAMIN, WILLIAM J
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

Title: MGR
Name: BUCKLEY, TRUDI M
Address: 7TH & WASHINGTON
City-St-Zip: ST LOUIS, MO 63103

Title: MGR
Name: FALK, JOHN G
Address: 809 S 60TH STREET, STE. 205
City-St-Zip: WEST ALLIS, WI 53214

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

Title: MGR
Name: O'LEARY, ANGELA
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

I hereby 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: WILLIAM J BENJAMIN

PRES

02/16/2010

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