2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9800000012

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

FILED Mar 22, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

809 SOUTH 60TH STREET WEST ALLIS, WI 53214

Current Mailing Address: New Mailing Address:

 800 NICOLLET MALL
 800 NICOLLET MALL

 BC-MN-H210
 BC-MN-H210

 MINNEAPLIS, MN 55402
 MINNEAPOLIS, MN 55402

FEI Number: 39-1914078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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 III
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

Title: MM

 Name:
 VAN HORN, GAIL M

 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 Statues.

SIGNATURE: GAIL M VAN HORN MM 03/22/2012