

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100001518

Entity Name: ALLIED SOLUTIONS, LLC

Current Principal Place of Business:

350 VETERANS WAY
SUITE 200
CARMEL, IN 46032

FILED
Feb 23, 2023
Secretary of State
5968614084CC

Current Mailing Address:

350 VETERANS WAY
SUITE 200
CARMEL, IN 46032 US

FEI Number: 35-2125376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title MANAGER
Name ZACCARO, WARREN J
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title MANAGER
Name WISDORF, JEFFREY E.
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032

Title MANAGER
Name GOULD, WILLIAM M.
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032

Title MANAGER
Name BENSON, NICOLE
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032

Title MANAGER
Name PREINER, DANIEL P.
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032

Title MANAGER
Name HILGER, CHRISTOPHER M
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title MANAGER
Name HILGER, PETER J.
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032

Title AUTHORIZED MEMBER
Name MINNESOTA LIFE INSURANCE
 COMPANY
Address 400 ROBERT STREET NORTH
 ST. PAUL,
City-State-Zip: ST. PAUL, MN 55101

Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY E. WISDORF

MANAGER

02/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name KRISTI , KRISTI L
Address 350 VETERANS WAY
 SUITE 200
City-State-Zip: CARMEL IN 46032