OPEN SOLUTIONS INC Form SC 13G February 14, 2006

> SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

> > SCHEDULE 13G (Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2 (AMENDMENT NO. NEW)

Open Solutions Inc. ______ (Name of Issuer) Common Stock, \$0.01 Par Value ______ (Title of Class of Securities) 68371P102 _____ (CUSIP Number) 12/31/05 _____ (Date of Event Which Requires Filing of this Statement) Check the appropriate box to designate the rule pursuant to which this Schedule is filed: /X/ Rule 13d-1(b) / / Rule 13d-1(c) / / Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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	ONS NO. OF ABOVE PERSONS (ENTITIES ONLY)
	l Services Company ("MFS") No.: 04-2747644
CHECK THE APPROPRIATE	BOX IF A MEMBER OF A GROUP*
(a) / /	(b) / / Not Applicable
SEC USE ONLY	
CITIZENSHIP OR PLACE O	F ORGANIZATION
Delaware	
NUMBER OF 5	SOLE VOTING POWER
SHARES	1,370,430 shares of common stock
BENEFICIALLY	
OWNED BY 6	SHARED VOTING POWER
EACH	None
REPORTING 7	SOLE DISPOSITIVE POWER
PERSON	1,408,100 shares of common stock
WITH	
8	SHARED DISPOSITIVE POWER None
AGGREGATE AMOUNT BENEF	ICIALLY OWNED BY EACH REPORTING PERSON
1,408,100 shares of common stock, of which shares are also beneficially owned by certain other non-reporting entities as well as MFS.	
CHECK BOX IF THE AGGRE	GATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES* / /
Not applicable	
	SENTED BY AMOUNT IN ROW 9
7.1	
IA	
	Massachusetts Financia I.R.S. Identification CHECK THE APPROPRIATE (a) / / SEC USE ONLY CITIZENSHIP OR PLACE O Delaware NUMBER OF 5 SHARES BENEFICIALLY OWNED BY 6 EACH REPORTING 7 PERSON WITH 8 AGGREGATE AMOUNT BENEF 1,408,100 shares of coowned by certain other CHECK BOX IF THE AGGRE Not applicable PERCENT OF CLASS REPRE 7.1 TYPE OF REPORTING PERS

SCHEDULE 13G PAGE 3 OF 4 PAGES ITEM 1: (a) NAME OF ISSUER: SEE COVER PAGE (b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES: 455 Winding Brook Drive Glastonbury, CT 06033 ITEM 2: (a) NAME OF PERSON FILING: See item 1 on page 2 (b) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE: 500 Boylston Street Boston, MA 02116 (C) CITIZENSHIP: See Item 4 on page 2 TITLE OF CLASS OF SECURITIES: (d) See Cover Page CUSIP NUMBER: (e) See Cover Page ITEM 3: The person filing is an investment adviser in accordance with Rule 13d-1(b)(1)(ii)(E) ITEM 4: OWNERSHIP (a) AMOUNT BENEFICIALLY OWNED: See Item 9 on page 2 PERCENT OF CLASS: (b) See Item 11 on page 2 NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND SHARED): See Items 5-8 on page 2

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ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS: //

Not applicable

ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not applicable

ITEM 7: IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH

ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING

COMPANY:

Not applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not applicable

ITEM 10: CERTIFICATIONS:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 10, 2006

Massachusetts Financial Services Company

By: /s/ JEREMY KREAM

Jeremy Kream

Vice President and Assistant Secretary