

1.) CORPORATION NAME:

Paychex Insurance Agency, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1316571**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 911 PANORAMA TR S

CITY/ST/ZIP: ROCHESTER, NY 14625-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH DOWD
TITLE: VICE PRESIDENT
ADDRESS: 911 PANORAMA TRAIL SOUTH
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

OFFICER

DIRECTOR

NAME: JOANNE SWETMAN
TITLE: VP/D
ADDRESS: 911 PANORAMA TRAIL SOUTH
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

OFFICER

DIRECTOR

NAME: EFRAIN RIVERA
TITLE: TREASURER
ADDRESS: 911 PANORAMA TRAIL SOUTH
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

OFFICER

DIRECTOR

NAME: STEPHANIE SCHAEFFER
TITLE: SECRETARY
ADDRESS: 911 PANORAMA TRAIL SOUTH
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

OFFICER

DIRECTOR

NAME: KEVIN HILL
TITLE: PRESIDENT
ADDRESS: 911 PANORAMA TRAIL SOUTH
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEPHANIE SCHAEFFER
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

STEPHANIE SCHAEFFER,
SECRETARY
PRINTED NAME AND CORPORATE
TITLE

10/25/2011
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.