

1.) CORPORATION NAME:

DUE DATE: **12/31/2014**

CBIZ Benefits & Insurance Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1342379**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11440 TOMAHAWK CREEK PKWY

CITY/ST/ZIP: LEAWOOD, KS 66211

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.

<p>NAME: ROBERT A O'BYRNE TITLE: PRESIDENT ADDRESS: 11440 TOMAHAWK CREEK PKWY CITY/ST/ZIP/CO: LEAWOOD, KS 66211</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRUCE J KOWALSKI TITLE: VICE PRESIDENT ADDRESS: 6050 OAK TREE BLVD., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CAROLYN C WATLEY TITLE: EXEC VP ADDRESS: 11440 TOMAHAWK CREEK PKWY CITY/ST/ZIP/CO: LEAWOOD, KS 66211</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KELLY J. MAREK TITLE: TREASURER ADDRESS: 6050 OAK TREE BLVD., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN J GEFFERT TITLE: ASST SECRETARY ADDRESS: 6050 OAK TREE BLVD., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL W GLEESPEN TITLE: SECRETARY ADDRESS: 6050 OAK TREE BLVD STE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: NANCY M MELLARD TITLE: EVP ADDRESS: 11440 TOMAHAWK CREEK PARKWAY CITY/ST/ZIP/CO: LEAWOOD, KS 66211	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JEROME P GRISKO, JR. TITLE: DIRECTOR ADDRESS: 6050 OAK TREE BLVD., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MICHAEL W GLEESPEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL W GLEESPEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/4/2014 DATE
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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.