

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213517311

1.) CORPORATION NAME:

**CBIZ Insurance Services, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1421074**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44 BALTIMORE ST

CITY/ST/ZIP: CUMBERLAND, MD 21502

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:	MIKE GILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11440 TOMAHAWK CREEK PARKWAY		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66211		

NAME:	JOSEPH P GEORGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	44 BALTIMORE ST		
CITY/ST/ZIP/CO:	CUMBERLAND, MD 21502		

NAME:	BRUCE J. KOWALSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6050 OAK TREE BLVD., SUITE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	KELLY J. MAREK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6050 OAK TREE BLVD., SUITE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	JOHN J. GEFFERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6050 OAK TREE BLVD., SUITE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	MICHAEL W. GLEESPEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6050 OAK TREE BLVD., SUTIE 500		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY M. MELLARD ASST SECRETARY 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A. O'BYRNE EVP 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEROME P. GRISKO, JR DIRECTOR 6050 OAK TREE BLVD S, STE.500 CLEVELAND, OH 44131	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	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/ MICHAEL W. GLEESPEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL W. GLEESPEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/10/2013 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.					