

1.) CORPORATION NAME:

CBIZ Insurance Services, Inc.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1421074**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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.

<p>NAME: MIKE GILL TITLE: PRESIDENT ADDRESS: 11440 TOMAHAWK CREEK PARKWAY CITY/ST/ZIP/CO: LEAWOOD, KS 66211</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH P GEORGE TITLE: SR VP ADDRESS: 44 BALTIMORE ST CITY/ST/ZIP/CO: CUMBERLAND, MD 21502</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: 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., SUITE 500 CITY/ST/ZIP/CO: CLEVELAND, OH 44131</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

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	4/13/2015 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.			