

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214538571

1.) CORPORATION NAME:

**Diversified Insurance Solutions, Inc.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1680851**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	2,800
COMBNV	25,200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 N CORPORATE DR STE 100

CITY/ST/ZIP: BROOKFIELD, WI 53045

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:	THOMAS J JOCZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES,EE BEN GRP		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		
NAME:	CHRISTIAN LIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, RISK SVC		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		
NAME:	DAVID R STARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP, EE BEN GRP		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		
NAME:	SKIP C HANSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, RISK SVC GR		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		
NAME:	JAMES MCCORMACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		
NAME:	ROBERT SOWINSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	100 N CORPORATE DR STE 100		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		

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/ JAMES MCCORMACK	JAMES MCCORMACK, CHAIRMAN	8/6/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		