

1.) CORPORATION NAME: C.H. Insurance Brokerage Services Co., Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NY	DUE DATE: 4/30/2014 SCC ID NO: F1747049 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 100 MADISON ST STE 100 CITY/ST/ZIP: SYRACUSE, NY 13202-2704
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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 CONVERTINO, SR TITLE: PRES/DIR ADDRESS: 100 MADISON STREET SUITE 100 CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOSEPH CONVERTINO, JR TITLE: VP/DIR ADDRESS: 100 MADISON STREET SUITE 100 CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" 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/ JOSEPH CONVERTINO, SR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH CONVERTINO, SR, PRES/DIR PRINTED NAME AND CORPORATE TITLE	3/3/2014 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.