



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |                   |                     |
|--|--------------|--|-------------------|---------------------|
| 1. Corporate ID No.<br>120591  |              | 2. Name of Corporation<br>CBIZ Special Risk Insurance Services, Inc. |                   |                     |
| 3. Street Address Principal Business Office<br>5353 Mission Center Rd., Ste. 310   |              | City<br>San Diego  | State<br>CA       | Zip<br>92108        |
| 4. Business Phone No.<br>(800) 422-7536  |              | 5. State of Incorporation<br>OHIO                                    |                   | 6. SIC Code<br>5702 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>CONSULTATION AND BROKERAGE SERVICES/BENEFITS AND INSURANCE    |              |  |                   |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |                   |                     |
| President Name<br>Timothy Moynihan   |              | Vice President Name<br>Robert A. O'Byrne                             |                   |                     |
| Street Address<br>5353 Mission Center Rd., Ste. 310  |              | Street Address<br>11440 Tomhawk Creek Pkwy                           |                   |                     |
| City<br>San Diego  | State<br>CA  | Zip<br>92108   | City<br>Leawood   | State<br>KS         |
| Secretary Name<br>Michael W. Gleespen  |              | Treasurer Name<br>Kelly J. Kuna                                      |                   |                     |
| Street Address<br>16050 Oak Tree Blvd S., Ste. 500   |              | Street Address<br>16050 Oak Tree Blvd S., Ste. 500                   |                   |                     |
| City<br>Cleveland  | State<br>OH  | Zip<br>44131   | City<br>Cleveland | State<br>OH         |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |  |                   |                     |
| Director Name<br>Jerome P. Grisko, Jr.   |              | Director Name  |                   |                     |
| Street Address<br>16050 Oak Tree Blvd S., Ste. 500   |              | Street Address   |                   |                     |
| City<br>Cleveland  | State<br>OH  | Zip<br>44131   | City              | State               |
| Director Name  |              | Director Name  |                   |                     |
| Street Address   |              | Street Address   |                   |                     |
| City   | State        | Zip  | City              | State               |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  |                   |                     |
| AUTHORIZED SHARES  |              |  |                   |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series        |
| 850 COMM NO PAR VALUE  |              |  | 1                 | Common              |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  |                   |                     |
| ISSUED SHARES  |              |  |                   |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series        |
|  |              |  |                   | No Par              |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*120591\*

File Date 7/25/05  
Check No. 2510541680  
By: DA

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy M. Mellard 5/23/05  
Signature of Officer Date

Nancy M. Mellard  
Print or Type Name of Officer  
Assistant Secretary  
Title of Officer

2005

CBIZ Special Risk Insurance Services, Inc.  
List of Officers and Directors

Jerome P. Grisko, Jr.  
Director & Executive Vice-President  
6050 Oak Tree Blvd. S.  
Suite 500  
Cleveland, OH 44131

~~Timothy C. Moynihan~~  
President  
5353 Mission Center Road, Suite 310  
San Diego, CA 92108

Robert A. O'Byrne  
Executive Vice-President  
11440 Tomahawk Creek Parkway  
Leawood, KS 66211

Russell D. Compton  
Vice-President  
6050 Oak Tree Blvd. S.  
Suite 500  
Cleveland, OH 44131

Kelly J. Kuna  
Treasurer  
6050 Oak Tree Blvd. S.  
Suite 500  
Cleveland, OH 44131

Michael W. Gleespen  
Secretary  
6050 Oak Tree Blvd. S.  
Suite 500  
Cleveland, OH 44131

Nancy M. Mellard  
Assistant Secretary  
11440 Tomahawk Creek Parkway  
Leawood, KS 66211



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401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |  |              |                     |
|--|--------------|--|--|--------------|---------------------|
| 1. Corporate ID No.<br>120591  |              | 2. Name of Corporation<br>CBIZ Special Risk Insurance Services, Inc. |  |              |                     |
| 3. Street Address Principal Business Office<br>5353 Mission Center Dr., Ste. 310   |              | City<br>San Diego  |  | State<br>CA  | Zip<br>92108        |
| 4. Business Phone No.<br>(800) 422-7536  |              | 5. State of Incorporation<br>OHIO                                    |  |              | 6. SIC Code<br>5702 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>CONSULTATION AND BROKERAGE SERVICES/BENEFITS AND INSURANCE    |              |  |  |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |  |              |                     |
| President Name<br>Timothy C. Moynihan  |              |  | Vice President Name<br>Robert A. O'Byrne   |              |                     |
| Street Address<br>5353 Mission Center Dr., Ste. 310  |              |  | Street Address<br>11440 Tomahawk Creek Pkwy  |              |                     |
| City<br>San Diego  | State<br>CA  | Zip<br>92108   | City<br>Leawood  | State<br>KS  | Zip<br>66211        |
| Secretary Name<br>Michael W. Gleespen  |              |  | Treasurer Name<br>David S. Azzolina  |              |                     |
| Street Address<br>6050 Oak Tree Blvd., Ste. 500  |              |  | Street Address<br>6050 Oak Tree Blvd., Ste. 500                                      |              |                     |
| City<br>Cleveland  | State<br>OH  | Zip<br>44131   | City<br>Cleveland  | State<br>OH  | Zip<br>44131        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |  |  |              |                     |
| Director Name<br>Jerome P. Grisko, Jr.   |              |  | Director Name  |              |                     |
| Street Address<br>6050 Oak Tree Blvd., Ste. 500  |              |  | Street Address   |              |                     |
| City<br>Cleveland  | State<br>OH  | Zip<br>44131   | City   | State        | Zip                 |
| Director Name  |              |  | Director Name  |              |                     |
| Street Address   |              |  | Street Address   |              |                     |
| City   | State        | Zip  | City   | State        | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>AUTHORIZED SHARES   |              |  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ISSUED SHARES |              |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares   | Class/Series | Par Value           |
| 850 COMM NO PAR VALUE  |              |  | 1  | Common       | No Par              |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 0 5 9 1 \*

File Date 2/23/04  
Check No. 2510450932  
By: SC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Nancy M. Mellard 2/17/04  
Date

Print or Type Name of Officer Nancy M. Mellard  
Title of Officer Assistant Secretary

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **120591** 2. Name of Corporation **CBIZ Special Risk Insurance Services, Inc.**  
3. Street Address Principal Business Office **5353 Mission Center Drive, Suite 310** City **San Diego** State **CA** Zip **92108**  
4. Business Phone No. **(800) 422-7536** 5. State of Incorporation **OHIO** 6. SIC Code **5702**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance and benefits consultation and brokerage services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS**

|  |  |
|--|--|
| <b>President Name</b><br><b>Timothy C. Moynihan</b><br><b>Street Address</b><br><b>5353 Mission Center Road, Suite 310</b><br><b>City</b> <b>San Diego</b> <b>State</b> <b>CA</b> <b>Zip</b> <b>92108</b>    | <b>Vice President Name</b><br><b>Robert A. O'Byrne</b><br><b>Street Address</b><br><b>2600 Grand Blvd., Suite 600</b><br><b>City</b> <b>Kansas City</b> <b>State</b> <b>MO</b> <b>Zip</b> <b>64108</b>     |
| <b>Secretary Name</b><br><b>Michael W. Gleespen</b><br><b>Street Address</b><br><b>6480 Rockside Woods Blvd S., Suite 330</b><br><b>City</b> <b>Cleveland</b> <b>State</b> <b>OH</b> <b>Zip</b> <b>44131</b> | <b>Treasurer Name</b><br><b>David S. Azzolina</b><br><b>Street Address</b><br><b>6480 Rockside Woods Blvd S., Suite 330</b><br><b>City</b> <b>Cleveland</b> <b>State</b> <b>OH</b> <b>Zip</b> <b>44131</b> |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

|   |  |
|---|--|
| <b>Director Name</b><br><b>Jerome P. Grisko, Jr.</b><br><b>Street Address</b><br><b>6480 Rockside Woods Blvd. South, Suite 330</b><br><b>City</b> <b>Cleveland</b> <b>State</b> <b>OH</b> <b>Zip</b> <b>44131</b> | <b>Director Name</b><br><br><b>Street Address</b><br><br><b>City</b> <b>State</b> <b>Zip</b> |
| <b>Director Name</b><br><br><b>Street Address</b><br><br><b>City</b> <b>State</b> <b>Zip</b>  | <b>Director Name</b><br><br><b>Street Address</b><br><br><b>City</b> <b>State</b> <b>Zip</b> |

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares **850** Class/Series **Common** Par Value **none**  
**850 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares **1** Class/Series **Common** Par Value **no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 0 5 9 1 \*

File Date: 3.3.03  
Check No.: 2510371160  
By: 106

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy M. Mellard 2/28/03  
Signature of Officer Date  
Nancy M. Mellard  
Print or Type Name of Officer

Assistant Secretary

Title of Officer

2003

Jerome P. Grisko, Jr.  
Director & Executive Vice-President  
6480 Rockside Woods Blvd. South, Suite 330  
Cleveland, OH 44131

Timothy C. Moynihan  
President  
5353 Mission Center Road, Suite 310  
San Diego, CA 92108

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Robert A. O'Byrne  
Executive Vice-President  
2600 Grand Blvd. Suite 600  
Kansas City, MO 64108-4621

David S. Azzolina  
Treasurer  
6480 Rockside Woods Blvd. South, Suite 330  
Cleveland, OH 44131

Felicia P. Young  
Assistant Treasurer  
6480 Rockside Woods Blvd. South, Suite 330  
Cleveland, OH 44131

Michael W. Gleespen  
Secretary  
6480 Rockside Woods Blvd. South, Suite 330  
Cleveland, OH 44131

Nancy M. Mellard  
Assistant Secretary  
2600 Grand Blvd. Suite 600  
Kansas City, MO 64108-4621



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **120591** 2. Name of Corporation **CBIZ Special Risk Insurance Services, Inc.**  
3. Street Address Principal Business Office **5353 Mission Center Road, Suite 310** City **San Diego** State **CA** Zip **92108**  
4. Business Phone No. **(800) 422-4271** 5. State of Incorporation **OHIO** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance & Benefits/Brokerage

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) XX FILL IN SPACES BEFORE USING ATTACHMENTS**

|   |  |
|---|--|
| President Name<br><b>Timothy C. Moynihan</b><br>Street Address<br><b>5353 Mission Center Road, Suite 310</b><br>City <b>San Diego</b> State <b>CA</b> Zip <b>92108</b>        | Vice President Name<br><b>Robert A. O'Byrne</b><br>Street Address<br><b>2600 Grand Blvd., Suite 600</b><br>City <b>Kansas City</b> State <b>MO</b> Zip <b>64108-4621</b>     |
| Secretary Name<br><b>Michael W. Gleespen</b><br>Street Address<br><b>6480 Rockside Woods Blvd. South, Suite 330</b><br>City <b>Cleveland</b> State <b>OH</b> Zip <b>44131</b> | Treasurer Name<br><b>David S. Azzolina</b><br>Street Address<br><b>6480 Rockside Woods Blvd., South, Suite 330</b><br>City <b>Cleveland</b> State <b>OH</b> Zip <b>44131</b> |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

|  |  |
|--|--|
| Director Name<br><b>Jerome P. Grisko, Jr.</b><br>Street Address<br><b>6480 Rockside Woods Blvd. South, Suite 330</b><br>City <b>Cleveland</b> State <b>OH</b> Zip <b>44131</b> | Director Name<br><br>Street Address<br><br>City<br>State Zip |
| Director Name<br><br>Street Address<br><br>City<br>State Zip   | Director Name<br><br>Street Address<br><br>City<br>State Zip |

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

|                              |              |           |
|------------------------------|--------------|-----------|
| Number of Shares             | Class/Series | Par Value |
| <b>850 COMM NO PAR VALUE</b> |              |           |

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

|                            |              |           |
|----------------------------|--------------|-----------|
| Number of Shares           | Class/Series | Par Value |
| <b>1 COMM NO PAR VALUE</b> |              |           |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 0 5 9 1 \*

File Date: 2-19-02

Check No.: 251073438

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Nancy M. Mellard Date \_\_\_\_\_

Print or Type Name of Officer Nancy M. Mellard

Title of Officer Assistant Secretary

**Rhode Island**

**Addendum to Profit Corporation Annual Report for the year 2002**

**Question # 8:**

**Jerome P. Grisko, Jr.**

**Director & Executive Vice-President**

**6480 Rockside Woods Blvd. South, Suite 330**

**Cleveland, OH 44131**

**Felicia P. Young**

**Assistant Treasurer**

**6480 Rockside Woods Blvd. South, Suite 330**

**Cleveland, OH 44131**

**Nancy M. Mellard**

**Assistant Secretary**

**2600 Grand Blvd. Suite 600**

**Kansas City, MO 64108-4621**