

F020000001999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

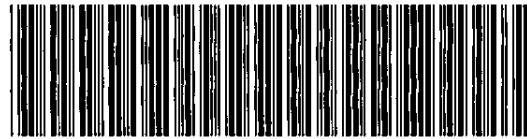
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
12 NOV 26 PM 2:57

*NYC*

NOV 27 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBIZ Special Risk Insurance Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F02000001999

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Lange  
Name of Contact Person

CBIZ  
Firm/Company

6050 Oak Tree Blvd., Suite 500  
Address

Cleveland, OH 44131  
City/State and Zip Code

mlange@cbiz.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Lange at ( 216 ) 525-1957  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35.00 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2012

MARTHA LANGE  
CBIZ  
6050 OAK TREE BLVD STE 500  
CLEVELAND, OH 44131

SUBJECT: CBIZ SPECIAL RISK INSURANCE SERVICES, INC.  
Ref. Number: F02000001999

We have received your document for CBIZ SPECIAL RISK INSURANCE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 712A00026290

RECEIVED  
12 NOV 26 AM 9:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F02000001999

(Document number of corporation (if known))

1. CBIZ Special Risk Insurance Services, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Ohio 3. 4/22/2002  
(Incorporated under laws of) (Date authorized to do business in Florida)

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DIVISION OF CORPORATION  
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**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 08/02/2012

5. CBIZ Life Insurance Solutions, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

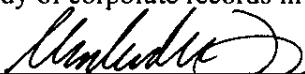
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

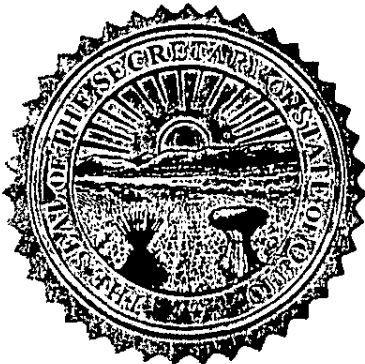
  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael W. Gleespen  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

**UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Certificate of Amendment of CBIZ SPECIAL RISK INSURANCE SERVICES, INC., an Ohio Corporation, Charter No. 1033063, changing its corporate title to: CBIZ LIFE INSURANCE SOLUTIONS, INC., was filed August 02, 2012. Said Corporation, CBIZ LIFE INSURANCE SOLUTIONS, INC., an Ohio Corporation, Charter No. 1033063, having its principal location in Cleveland, County of Cuyahoga, was incorporated on September 24, 1998, is in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 7th day of August, A.D. 2012.*

*Jon Husted*

Ohio Secretary of State