

1.) CORPORATION NAME:

CHESAPEAKE INSURANCE AGENCY, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN H HUNT
97 N MAIN ST
PO BOX 1419**

SCC ID NO: **02589547**

KILMARNOCK, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 97 N MAIN ST
PO BOX 1419

CITY/ST/ZIP: KILMARNOCK, VA 22482

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:	TRUDY M QUINTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/DIR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JOHN H HUNT II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/S		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JEFFREY W. SZYPERSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JOHN K O'SHAUGHNESSY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	MARSHALL N WARNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JOHN M SADLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

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/ JOHN H HUNT II	JOHN H HUNT II, EVP/CFO/S	5/29/2014
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.