SCC eFile

2014 ANNUAL REPORT

214541469

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

1.) CORPORATION NAME:

CHESAPEAKE BAY INSURANCE AGENCY, INC.

DUE DATE: **4/30/2014**

SCC ID NO: **F1354887**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MD

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	666
COMB	334

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12552 ALGONQUIN TR

CITY/ST/ZIP: LUSBY, MD 20657

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.

[X] OFFICER [X] DIRECTOR

NAME: DEBORAH A JAGODZINSKI
TITLE: PRESIDENT
ADDRESS: 12552 ALGONQUIN TR
CITY/ST/ZIP/CO: LUSBY, MD 20657

[X] OFFICER [ ] DIRECTOR

NAME: SHARON HANKINS
TITLE: VICE PRESIDENT
ADDRESS: 12140 PINE TREE LANE
CITY/ST/ZIP/CO: LUSBY, MD 20657

[X] OFFICER [ ] DIRECTOR

NAME: STEVEN JAGODZINSKI
TITLE: SECRETARY
ADDRESS: 12552 ALGONQUIN TR
CITY/ST/ZIP/CO: LUSBY, MD 20657

[X] OFFICER [ ] DIRECTOR

NAME: DEBORAH JAGODZINSKI
TITLE: TREASURER
ADDRESS: 12552 ALGONQUIN TR
CITY/ST/ZIP/CO: LUSBY, MD 20657

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/ DEBORAH A JAGODZINSKI	DEBORAH A JAGODZINSKI, PRESIDENT	8/30/2014
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.