

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213553521

1.) CORPORATION NAME:

**Capital Insurance Group Agency, Inc. (USED IN VABY:  
Capital Insurance Group Companies, Inc.)**

DUE DATE: **12/31/2013**

SCC ID NO: **F1914854**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A WEINBERG  
7410 AXTON ST  
SPRINGFIELD, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4800 MONTGOMERY LANE STE M25

CITY/ST/ZIP: BETHESDA, MD 20814

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:	JOHN E GIROUARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO		
ADDRESS:	4800 MONTGOMERY LN STE M25		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	RICHARD A WEINBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4800 MONTGOMERY LN STE M25		
CITY/ST/ZIP/CO:	BETHEDA, MD 20814		

NAME:	COLLEEN M GIROUARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRE & TREA		
ADDRESS:	4800 MONTGOMERY LN STE M25		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

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/ RICHARD A WEINBERG	RICHARD A WEINBERG, VICE	11/5/2013
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRESIDENT 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.