

**2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 11222860
Filing Number: 2207134736108
Filing Date/Time: 07/13/2022 11:32 AM
Effective Date/Time: 07/13/2022 11:32 AM



1. CORPORATION NAME:
J. McCauley Insurance Agency, Inc.

DUE DATE: **08/31/22**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
URS Agents, LLC
7288 Hanover Green Dr Ste A
MECHANICSVILLE, VA 23111-1709

SCC ID NO.: **1122286-0**

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
085-HANOVER COUNTY

5. TOTAL NUMBER OF AUTHORIZED SHARES:

4. STATE OR COUNTRY OF INCORPORATION:
MD-Maryland

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 11200 Scaggsville Rd Ste 115	ADDRESS:
CITY/ST/ZIP LAUREL, MD 20723-2024	CITY/ST/ZIP

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.

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Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: James McCauley	NAME:
TITLE: President	TITLE:
ADDRESS: 11200 Scaggsville Rd Ste 115	ADDRESS:
CITY/ST/ZIP: , MD 20723-	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

James McCauley
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

JAMES McCauley, President
PRINTED NAME AND CORPORATE TITLE

7/8/22
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
J. McCauley Insurance Agency, Inc.

DUE DATE: **08/31/22**
SCC ID NO.: **1122286-0**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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