

SCC eFile

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

213527439

1.) CORPORATION NAME:

DILLON INSURANCE AGENCY, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DWIGHT L DILLON JR
2611 RIVERSIDE DR
PO BOX 549**

SCC ID NO: **01383108**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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BASSETT, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2611 RIVERSIDE DRIVE
PO BOX 549

CITY/ST/ZIP: BASSETT, VA 24055-0549

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:	D L DILLON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/S/T		
ADDRESS:	105 FIRESTONE DRIVE		
CITY/ST/ZIP/CO:	STANLEYTOWN, VA 24168		

NAME:	KATHY S HODGES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	170 SPRUCE CT		
CITY/ST/ZIP/CO:	PO BOX 1541 BASSETT, VA 24055		

NAME:	M S DILLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	105 FIRESTONE DRIVE		
CITY/ST/ZIP/CO:	STANLEYTOWN, VA 24168		

NAME:	R B DILLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	64 DOVE LANE		
CITY/ST/ZIP/CO:	PO BOX 549 BASSETT, VA 24055		

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/ D L DILLON JR	D L DILLON JR, P/S/T	6/12/2013
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.