

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211509051

1.) CORPORATION NAME:

HUFFMAN INSURANCE AGENCY, INC.

DUE DATE: **4/30/2011**

SCC ID NO: **01584663**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JAMES V MULLINS
2303 2ND ST
RICHLANDS, VA 24641**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

TAZEWELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2303 SECOND ST
P O BOX 1010

CITY/ST/ZIP: RICHLANDS, VA 24641-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES VINCE MULLINS	
TITLE:	P/VP	
ADDRESS:	PO BOX 452	
CITY/ST/ZIP/CO:	TAZEWELL, VA 24651-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONNA S MULLINS	
TITLE:	SEC/TREAS	
ADDRESS:	P O BOX 452	
CITY/ST/ZIP/CO:	TAZEWELL, VA 24651-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES AARON MULLINS	
TITLE:	DIRECTOR	
ADDRESS:	518 W MAGNOLIA AVE	
CITY/ST/ZIP/CO:	JOHNSON CITY, VA 37604-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AIMEE E MULLINS	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 452	
CITY/ST/ZIP/CO:	TAZEWELL, VA 24651-	

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/ DONNA S MULLINS	DONNA S MULLINS, SEC/TREAS	5/2/2011
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.