

1.) CORPORATION NAME: HUFFMAN INSURANCE AGENCY, INC.	DUE DATE: 4/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES V MULLINS 2303 2ND ST RICHLANDS, VA	SCC ID NO: 01584663
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: TAZEWELL COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
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.

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

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

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

NAME: AIMEE E MULLINS	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1620 LEASIDE DR.				
CITY/ST/ZIP/CO: KINGSPOUR, TN 37664				

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	6/27/2013
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.