

1.) CORPORATION NAME:

Altria Group, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **02675999**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,000,000,000
SEP	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6601 West Broad Street

CITY/ST/ZIP: Richmond, VA 23230

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.

<p>NAME: JOHN COCCAGNA TITLE: VICE PRESIDENT ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM F. GIFFORD TITLE: TREASURER/VP ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM HILDEBRANDT SURGNER TITLE: SECRETARY ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Martin J. Barrington TITLE: Vice Chairman ADDRESS: 6601 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: David R. Beran TITLE: Vice Chairman ADDRESS: 6601 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CRAIG A. JOHNSON TITLE: EVP ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael E. Szymaczyk CHAIRMAN/CEO 6601 West Broad Street Richmond, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH E. BAILEY DIRECTOR 6601 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD L. BALILES DIRECTOR 6601 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DINYAR S. DEVITRE DIRECTOR 6601 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS F. FARRELL DIRECTOR 6601 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. HUNTLEY DIRECTOR 6601 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ WILLIAM HILDEBRANDT SURGNER	WILLIAM HILDEBRANDT SURGNER, SECRETARY	2/15/2013	DATE
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		
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.			