

1.) CORPORATION NAME:

Altria Group, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **02675999**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

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

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: SVP 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: CEO/Chairman ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID R. BERAN TITLE: CEO/Pres 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: GERALD L. BALILES TITLE: DIRECTOR ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: DINYAR S. DEVITRE TITLE: DIRECTOR ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: THOMAS F. FARRELL TITLE: DIRECTOR ADDRESS: 6601 WEST BROAD STREET CITY/ST/ZIP/CO: 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	1/28/2014
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.