

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213546576

1.) CORPORATION NAME:

**Davis Litton Harman Insurance Agency, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**H PATRICK CLINE  
CLINE ADKINS ET AL 1022 PARK AVE NW  
PO BOX 698**

SCC ID NO: **05441001**

**NORTON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORTON CITY (FILED IN WISE COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 450 PARK PLACE POB 696

CITY/ST/ZIP: NORTON, VA 24273

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:	EARL DAVIS		
TITLE:	PRESIDENT		
ADDRESS:	1305 N WALKER ST		
CITY/ST/ZIP/CO:	PRINCETON, WV 24740		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES S CARTER JR		
TITLE:	VP/TREASURER		
ADDRESS:	1008 HENRY ST		
CITY/ST/ZIP/CO:	PRINCETON, WV 24740		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CONNOR LITTON		
TITLE:	VP/SECRETARY		
ADDRESS:	204 OAKDELL		
CITY/ST/ZIP/CO:	BLUEFIELD, WV 24701		

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.

<u>/s/ CONNOR LITTON</u>	<u>CONNOR LITTON,</u>	<u>10/7/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/SECRETARY 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.