

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212515219

1.) CORPORATION NAME:

**Huffman Insurance Agencies, Inc.**

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDWARD B HUFFMAN  
203 S MAIN ST  
PO BOX 794**

SCC ID NO: **05729801**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

**LEXINGTON, VA 24450**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 209 S MAIN STREET  
PO BOX 794

CITY/ST/ZIP: LEXINGTON, VA 24450

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:	EDWARD HUFFMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 794		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		

NAME:	WHITNEY W HUFFMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 794		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		

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/ WHITNEY W HUFFMAN</u>	<u>WHITNEY W HUFFMAN,</u>	<u>4/25/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.