

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213524548
1.) CORPORATION NAME: <b>Althans Insurance Agency, Inc.</b>		DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC 7288 HANOVER DR MECHANICSVILLE, VA</b>		SCC ID NO: <b>F1756180</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 543 E WASHINGTON ST CITY/ST/ZIP: CHAGRIN FALLS, OH 44022		
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 C ALTHANS TITLE: PRES/DTR ADDRESS: 543 E WASHINGTON ST CITY/ST/ZIP/CO: CHAGRIN FALLS, OH 44022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL A ALTHANS TITLE: SEC/DTR ADDRESS: 543 E WASHINGTON ST CITY/ST/ZIP/CO: CHAGRIN FALLS, OH 44022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN S ALTHANS TITLE: TRES/DTR ADDRESS: 543 E WASHINGTON ST CITY/ST/ZIP/CO: CHAGRIN FALLS, OH 44022	<input checked="" 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/ JAMES C ALTHANS	JAMES C ALTHANS, PRES/DTR	5/24/2013
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.		