

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211526561

1.) CORPORATION NAME:

**Manuel Lujan Insurance Agency, Inc. (used in VA by:
MANUEL LUJAN INSURANCE, INC.)**

DUE DATE: **12/31/2011**

SCC ID NO: **F1532276**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA 23114**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
OTH	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NM

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4801 INDIAN SCHOOL RD NE #100
POB 3727 (87190)

CITY/ST/ZIP: ALBUQUERQUE, NM 87110-

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 L LUJAN
TITLE: CHAIR OF BOARD
ADDRESS: POB 3727
CITY/ST/ZIP/CO: ALBUQUERQUE, MN 87190-

OFFICER

DIRECTOR

NAME: STEPHEN R BYRD
TITLE: DIRECTOR
ADDRESS: POB 3727
CITY/ST/ZIP/CO: ALBUQUERQUE, NM 37190-

OFFICER

DIRECTOR

NAME: JOE M LUJAN
TITLE: DIRECTOR
ADDRESS: POB 3727
CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87190-

OFFICER

DIRECTOR

NAME: E LARRY LUJAN
TITLE: DIRECTOR
ADDRESS: PO BOX 3727
CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87190-

OFFICER

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/ E LARRY LUJAN

E LARRY LUJAN, DIRECTOR

11/2/2011

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.