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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----|--------|
| 1.) CORPORATION NAME:<br><b>Manuel Lujan Insurance Agency, Inc. (used in VA by:<br/>         MANUEL LUJAN INSURANCE, INC.)</b>                               | DUE DATE: <b>12/31/2012</b><br><br>SCC ID NO: <b>F1532276</b>                                                                                                                                                                   |       |            |     |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NATIONAL CORPORATE RESEARCH LTD<br/>         250 BROWNS HILL CT<br/>         MIDLOTHIAN, VA 23114</b> | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>OTH</td> <td>25,000</td> </tr> </table> | CLASS | AUTHORIZED | OTH | 25,000 |
| CLASS                                                                                                                                                        | AUTHORIZED                                                                                                                                                                                                                      |       |            |     |        |
| OTH                                                                                                                                                          | 25,000                                                                                                                                                                                                                          |       |            |     |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>CHESTERFIELD COUNTY</b>                                                                                    |                                                                                                                                                                                                                                 |       |            |     |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>NM</b>                                                                                                          |                                                                                                                                                                                                                                 |       |            |     |        |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 4801 INDIAN SCHOOL RD NE #100<br>POB 3727 (87190)<br><br>CITY/ST/ZIP: ALBUQUERQUE, NM 87110 |
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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<br>TITLE: CHAIR OF BOARD<br>ADDRESS: POB 3727<br>CITY/ST/ZIP/CO: ALBUQUERQUE, MN 87190 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEPHEN R BYRD<br>TITLE: DIRECTOR<br>ADDRESS: POB 3727<br>CITY/ST/ZIP/CO: ALBUQUERQUE, NM 37190       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOE M LUJAN<br>TITLE: DIRECTOR<br>ADDRESS: POB 3727<br>CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87190          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: E LARRY LUJAN<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 3727<br>CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87190     | <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/ E LARRY LUJAN                                   | E LARRY LUJAN, DIRECTOR          | 10/24/2012 |
| 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.