

1.) CORPORATION NAME:

WINTON-IRELAND INSURANCE AGENCY, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1824731**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 627 E CANAL DRIVE

CITY/ST/ZIP: TURLOCK, CA 95380

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:	RICK ADAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	627 E CANAL DRIVE		
CITY/ST/ZIP/CO:	TURLOCK, CA 95380		
NAME:	LESTER MICHAEL IRELAND, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CIO, SEC		
ADDRESS:	627 E CANAL DRIVE		
CITY/ST/ZIP/CO:	TURLOCK, CA 95380		
NAME:	LYNN BULL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	627 E CANAL DRIVE		
CITY/ST/ZIP/CO:	TURLOCK, CA 95380		
NAME:	THOMAS MURPHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	627 E CANAL DRIVE		
CITY/ST/ZIP/CO:	TURLOCK, CA 95380		
NAME:	JEFF QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	627 E CANAL DRIVE		
CITY/ST/ZIP/CO:	TURLOCK, CA 95380		
NAME:	Lester Michael Ireland, SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	627 E Canal Drive		
CITY/ST/ZIP/CO:	Turlock, CA 95380		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul L Porter DIRECTOR 627 E Canal Drive Turlock, CA 95380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ted Green DIRECTOR 627 E Canal Drive Turlock, CA 95380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Lester MichaelIreland, SR	Lester MichaelIreland, SR,	4/24/2012
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.