

1.) CORPORATION NAME:

WINTON-IRELAND INSURANCE AGENCY, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1824731**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

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

NAME: PAUL L PORTER TITLE: DIRECTOR ADDRESS: 627 E CANAL DRIVE CITY/ST/ZIP/CO: TURLOCK, CA 95380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JEFF QUINN TITLE: DIRECTOR ADDRESS: 627 E CANAL DRIVE CITY/ST/ZIP/CO: 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/ PAUL L PORTER	PAUL L PORTER, DIRECTOR	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.