

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004934

**Entity Name:** E\*TRADE INSURANCE SERVICES, INC.**Current Principal Place of Business:**4500 BOHANNON DRIVE  
MENLO PARK, CA 94025**Current Mailing Address:**4500 BOHANNON DRIVE  
MENLO PARK, CA 94025 US**FEI Number:** 94-3413228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HAAS, LENA  
Address        1271 AVENUE OF THE AMERICAS  
                  14TH FLOOR  
City-State-Zip: NEW YORK NY 10020

Title            DIR  
Name            FOLEY, MICHAEL  
Address        4500 BOHANNON DRIVE  
City-State-Zip: MENLO PARK CA 94025

Title            CFO  
Name            TURNER, CHAD  
Address        4500 BOHANNON DRIVE  
City-State-Zip: MENLO PARK CA 94025

Title            SEC  
Name            SHER, LORI  
Address        671 NORTH GLEBE ROAD  
City-State-Zip: ARLINGTON VA 22203

Title            VP  
Name            HANSEN, MARK  
Address        4500 BOHANNON DR.  
City-State-Zip: MENLO PARK CA 94025

Title            VICE PRESIDENT  
Name            DOGGETT, WALTER  
Address        4500 BOHANNON DRIVE  
City-State-Zip: MENLO PARK CA 94025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI SHER**SECRETARY****04/29/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date