

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001908

FILED
Jan 25, 2008
Secretary of State

Entity Name: ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

650 DAVIS STREET
SAN FRANCISCO, CA 94111

New Principal Place of Business:

Current Mailing Address:

650 DAVIS STREET
SAN FRANCISCO, CA 94111

New Mailing Address:

650 DAVIS STREET
ATTN: R. BOGDANICH
SAN FRANCISCO, CA 94111

FEI Number: 22-2853625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIFER, KURT
701 US HIGHWAY, 301 SOUTH
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: TOLMAN, GARY C
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: VD () Delete
Name: SWIGART, JOHN
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: VD () Delete
Name: SWIFT, PHILIP
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: V () Delete
Name: HENN, CHRISTOPHER M
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: S () Delete
Name: WALLACE, CHARLES L JR
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: T () Delete
Name: ADKISSON, JONATHAN D
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BUNCH, KERIAN
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN BOGDANICH

CM

01/25/2008

Electronic Signature of Signing Officer or Director

Date