

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005415

FILED
Jan 07, 2005
Secretary of State

Entity Name: ESURANCE INSURANCE SERVICES, INC.

Current Principal Place of Business:

747 FRONT STREET, 4TH FLOOR
SAN FRANCISCO, CA 94111

New Principal Place of Business:

Current Mailing Address:

747 FRONT STREET, 4TH FLOOR
SAN FRANCISCO, CA 94111

New Mailing Address:

FEI Number: 77-0516068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIFER, KURT
5550 W. IDLEWILD AVENUE, SUITE 115
TAMPA, FL US

Name and Address of New Registered Agent:

PIFER, KURT
5550 W. IDLEWILD AVENUE
SUITE 115
TAMPA, FL 33634 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:

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: TOLMAN, GARY C
Address: 747 FRONT STREET, 4TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: DV () Delete
Name: HENN, CHRISTOPHER M
Address: 747 FRONT STREET, 4TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: SD () Delete
Name: WALLACE, CHARLES L JR.
Address: 747 FRONT STREET, 4TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: T () Delete
Name: ADKISSON, JONATHAN D
Address: 747 FRONT STREET, 4TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D () Delete
Name: SWIGART, JOHN C
Address: 747 FRONT STREET, 4TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D () Delete
Name: WALLACE, CHARLES L JR.
Address: 747 FRONT STREET, 4TH FLOOR
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY C. TOLMAN

PC

01/07/2005

Electronic Signature of Signing Officer or Director

Date