

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005415

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ESURANCE INSURANCE SERVICES, INC.

## Current Principal Place of Business:

650 DAVIS STREET  
SAN FRANCISCO, CA 94111

## New Principal Place of Business:

## Current Mailing Address:

650 DAVIS STREET  
ATTN: R. BOGDANICH  
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  
701 US HIGHWAY, 301 SOUTH  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

NAHAT, REBECCA  
701 US HIGHWAY, 301 SOUTH  
TAMPA, FL 33619 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: REBECCA NAHAT

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: SD ( ) Delete  
Name: BUNCH, KERIAN  
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

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

Title: D ( ) Delete  
Name: HENN, CHRISTOPHER M  
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: ( ) 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 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: GARY TOLMAN

PC

01/13/2009

Electronic Signature of Signing Officer or Director

Date