

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000005415

FILED
Jan 29, 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:**NAHAT, REBECCA
701 US HIGHWAY, 301 SOUTH
TAMPA, FL 33619 US**Name and Address of New Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER QUINN

01/29/2009

Electronic Signature of Registered Agent

Date

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: ROBIN BOGDANICH

CM

01/29/2009

Electronic Signature of Signing Officer or Director

Date