

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005984

FILED
Jan 03, 2012
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: 26-0034575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: TOLMAN, GARY C
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D
Name: HENN, CHRISTOPHER M
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D
Name: SHARRAH, WAYNE A
Address: 3785 PLACER CORPORATE DRIVE, SUITE 550
City-St-Zip: ROCKLIN, CA 95765

Title: S
Name: BUNCH, KERIAN
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

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

Title: D
Name: SWIFT, PHILIP
Address: 650 DAVIS STREET
City-St-Zip: SAN FRANCISCO, CA 94111

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: ROBIN BOGDANICH

CM

01/03/2012

Electronic Signature of Signing Officer or Director

Date