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.

SVP

SIGNATURE: WARREN GEDDES

Electronic Signature of Signing Officer/Director Detail

2013	FOREIGN	PROFIT	CORPORA	TION ANN	JUAL RE	PORT

DOCUMENT# F99000001717

Entity Name: ESSEX NATIONAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

550 GATEWAY DRIVE SUITE 210 NAPA, CA 94558

Current Mailing Address:

550 GATEWAY DRIVE SUITE 210 NAPA, CA 94558

FEI Number: 13-4048160

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PCEO	Title	D
Name	DAVIS, SCOTT K	Name	DAVIS, SCOTT K
Address	550 GATEWAY DRIVE, SUITE 210	Address	550 GATEWAY DRIVE, SUITE 210
City-State-Zip:	NAPA CA 94558	City-State-Zip:	NAPA NY 94558
Title	S	Title	SVPT
Name	ALTON, KAREN	Name	COONEY, JOHN M
Address	550 GATEWAY DRIVE, SUITE 210	Address	550 GATEWAY DRIVE, SUITE 210
City-State-Zip:	NAPA CA 94558	City-State-Zip:	NAPA CA 94558
Title	SVP		
Name	WARREN, GEDDES		
Address	550 GATEWAY DRIVE, SUITE 210		
City-State-Zip:	NAPA CA 94558		

Certificate of Status Desired: No

FILED Jun 10, 2013 Secretary of State CC6278507756

> 06/10/2013 Date

Date