

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

Esurance Insurance Company of New Jersey

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0128696**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 650 DAVIS ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94111

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | GARY C TOLMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN/P/CEO | | |
| ADDRESS: | 650 DAVIS ST | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |
| NAME: | JONATHAN D ADKISSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | T/CFO/VP | | |
| ADDRESS: | 650 DAVIS ST | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |
| NAME: | CHARLES LEE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | S/VP | | |
| ADDRESS: | 650 DAVIS ST | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |
| NAME: | CHRISTOPHER M. HENN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 650 DAVIS STREET | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |
| NAME: | MARK D. PITCHFORD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 650 DAVIS STRRET | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |
| NAME: | DAVID M. BIEWER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 650 DAVIS STREET | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | ELINOR C. MACKINNON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 650 DAVIS STREET | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94111 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|----------|
| /s/ CHARLES LEE | CHARLES LEE, S/VP | 6/3/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.