

1.) CORPORATION NAME:

DUE DATE: **6/30/2013**

**Esurance Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1342981**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	CHAIRM/PRES/CEO		
ADDRESS:	650 DAVIS STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	CHARLES LEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/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 ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	DAVID M. BIEWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CHIEFACTUARY		
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		

NAME:	JONATHAN D ADKISSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	650 DAVIS ST		
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, SECRETARY/VP	6/20/2013
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.