

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

**Esurance Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1342981**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFER	100,000

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.

<p>NAME: ELINOR C MACKINNON TITLE: VICE PRESIDENT ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY C TOLMAN TITLE: CHAIRMAN/PRES/CEO ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER M HENN TITLE: VICE PRESIDENT ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES S LEE TITLE: SECRETARY/VP ADDRESS: 650 DAVIS ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK D PITCHFORD TITLE: VICE PRESIDENT ADDRESS: 650 DAVIS ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID M BIEWER TITLE: VP/CHIEFACTUARY ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JONATHAN D ADKISSON TITLE: CFO/TREASURER ADDRESS: 650 DAVIS ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALAN S GELLMAN TITLE: VICE PRESIDENT ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY L HUEBBERS TITLE: VICE PRESIDENT ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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 S LEE	CHARLES S LEE, SECRETARY/VP	5/12/2014
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.		