

1.) CORPORATION NAME:

**Esurance Property and Casualty Insurance Company**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1602392**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

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:	CHAIR/PRES/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:	VP/CFO/TREAS		
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 ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	CHARLES S LEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GC/SECRETARY		
ADDRESS:	650 DAVIS ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	ELINOR C MACKINNON	<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:	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  OFFICER  DIRECTOR  
TITLE: VP/CHIEFACTUARY  
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.

<u>/s/ CHARLES S LEE</u>	<u>CHARLES S LEE,</u>	<u>9/30/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/GC/SECRETARY 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.