

1.) CORPORATION NAME:

Esurance Insurance Services, Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F1801333**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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
TITLE: PRESIDENT/DIREC
ADDRESS: 650 DAVIS STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER

DIRECTOR

NAME: KERIAN BUNCH
TITLE: VP/SEC/DIR
ADDRESS: 650 DAVIS STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER

DIRECTOR

NAME: DAVID M BIEWER
TITLE: VICE PRESIDENT
ADDRESS: 650 DAVIS STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER

DIRECTOR

NAME: THOMAS E CAPP
TITLE: VICE PRESIDENT
ADDRESS: 650 DAVIS STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER

DIRECTOR

NAME: JEFFREY M DUNCAN
TITLE: VICE PRESIDENT
ADDRESS: 650 DAVIS ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD R GOLDBERG VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARREN A HOWARD VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARJORIE D HUTCHINGS VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA P HYNES VICE PRESIDENT 250 DAVIS ST SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH S LAURENTINO VICE PRESIDENT 3785 PLACER CORPORATE DRIVE SUITE 550 ROCKLIN, CA 95765-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID K NICHOLSON VICE PRESIDENT 3785 PLACER CORPORATE DRIVE SUITE 550 ROCKLIN, CA 95765-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP N RODONI' VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL E WARD VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G WARREN VICE PRESIDENT 650 DAVIS STREET SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH AINSLIE ASST SECRETARY 3785 PLACER CORPORATE DRIVE SUITE 550 ROCKLIN, CA 95765-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KECIA R STEPHENS TITLE: ASST SECRETARY ADDRESS: 1122 ALMA ROAD SUITE 100 CITY/ST/ZIP/CO: RICHARDSON, TX 75081-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JONATHAN D ADKISSON TITLE: TREASURER ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER M. HENN TITLE: MNGING DIRECTOR ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WAYNE A SHARRAH TITLE: MNGING DIRECTOR ADDRESS: 3785 PLACER CORPORATE DRIVE SUITE 550 CITY/ST/ZIP/CO: ROCKLIN, CA 95765-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PHILIP J SWIFT TITLE: MNGING DIRECTOR ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN C SWIGART TITLE: MNGING DIRECTOR ADDRESS: 650 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ GARY C TOLMAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GARY C TOLMAN,</u> PRESIDENT/DIREC PRINTED NAME AND CORPORATE TITLE	<u>7/5/2011</u> 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.		