

No. <b>C 195381</b>	<b>Due no later than Jul 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ESURANCE INSURANCE SERVICES, INC. ROBIN BOGDANICH PO BOX 2890 ROCKLIN CA 95677		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MARK SIMMONDS	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
DIRECTOR	MARK PITCHFORD	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
PRESIDENT	JONATHAN D ADKISSON	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
SECRETARY	CHARLES LEE	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
DIRECTOR	ALAN GELLMAN	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
DIRECTOR	ERIC BRANDT	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
TREASURER	DAVID M BIEWER	650 DAVIS STREET	SAN FRANCISCO	CA	USA	94111
5. Organized Under the Laws of:  <b>DE</b> <b>C 195381</b>		6. Annual Report must be signed.* Signature: Robin Bogdanich Name (type or print): Robin Bogdanich Date: 07/29/2016 Title: Snr. Compliance Mgr.				
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.				