No. <b>C 195381</b>		Due no later than Jul 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ESURANCE INSURANCE SERVICES, INC. ROBIN BOGDANICH			921 S ORCHARD ST STE G BOISE ID 83705			
				POISE ID 93				
		PO BOX 2890		2 Nove Dominton	2. Nov. Dogistared Agent Cigarture *			
		ROCKLIN CA 95677		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasi	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ERIC BRANDT		650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
TREASURER	DAVID M BI	EWER	650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
DIRECTOR			650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
DIRECTOR	DIRECTOR ELINOR MAC		650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
PRESIDENT	Jonathan (	O ADKISSON	650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
SECRETARY CHARLES LE		Ε	650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
DIRECTOR	ALAN GELLMAN		650 DAVIS STREET	SAN FRANCISC	O CA	USA	94111	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
DE		Signature: Robin Bogdanich		Date: 07	Date: 07/22/2015			
C 195381		Name (type or print): Robin Bogdanich			Title: Snr. Compliance Mgr			
Processed 07/22/2015 * Electronically provided signatures are accepted as original signatures.								