



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 121722		2. Exact name of the Corporation Esurance Insurance Company			
3. Principal office address 650 Davis Street		City San Francisco	State CA	Zip 94111	
4. Business Phone No. 415-875-4500		5. State of Incorporation Wisconsin			
6. Brief description of the character of business conducted in Rhode Island Property and Casualty Insurance Business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Gary C. Tolman			Vice-President Name Christopher M. Henn		
Street Address 650 Davis Street			Street Address 650 Davis Street		
City San Francisco	State CA	Zip 94111	City San Francisco	State CA	Zip 94111
Secretary Name Charles S. Lee			Treasurer Name Jonathan D. Adkisson		
Street Address 650 Davis Street			Street Address 650 Davis Street		
City San Francisco	State CA	Zip 94111	City San Francisco	State CA	Zip 94111
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Gary C. Tolman			Director Name Christopher M. Henn		
Street Address 650 Davis Street			Street Address 650 Davis Street		
City San Francisco	State CA	Zip 94111	City San Francisco	State CA	Zip 94111
Director Name Charles S. Lee			Director Name Jonathan D. Adkisson		
Street Address 650 Davis Street			Street Address 650 Davis Street		
City San Francisco	State CA	Zip 94111	City San Francisco	State CA	Zip 94111
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100,000	Common	\$10.00
			100,000	Preferred	\$5.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

JAN 21 2014

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

01/24/2014

Signature of Authorized Representative

Date

Charles S. Lee

Print or Type Name of Authorized Representative

By 49-215129

A. A.

