

2/12/2018

Division of Corporations

**F1800000719**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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Fax Number : (954)208-0845

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Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
Lemonade Insurance Company**

Certificate of Status	0
Certified Copy	0
Page Count	05
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Lemonade Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 47-5474073  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 27, 2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 Crosby Street, Flr. 3, New York, NY 10013  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road, Plantation  
Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Brian Mueller  
Brian Mueller  
Assistant Secretary  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2018 Feb 12 10:55 AM EST

11. Names and business addresses of officers and/or directors: Please see attached for additional directors/officers

A. DIRECTORS

Chairman: Shay Winger  
24 Hatzvi Avenue, Haifa, Israel 3435506  
Address:

Vice Chairman: none  
Address:

Director: Ty R. Segalow  
96 Mountain Avenue, Millburn NJ 07041  
Address:

Director: Ronald J. Topping  
2 Diana Court, Allentown, NJ 08501  
Address:

B. OFFICERS

President: Daniel A. Schreiber  
11a Ephraim Street, Jerusalem, Israel 93621  
Address:

Vice President: none  
Address:

Secretary: William D. Latza  
123 West 74 Street, Apt. 8B, New York, NY 10023  
Address:

Treasurer: Ronald J. Topping  
2 Diana Court, Allentown, NJ 08501  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. William D. Latza Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. William D. Latza, Director and officer  
(Typed or printed name and capacity of person signing application)

**Lemonade Insurance Company**

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**Addendum**

**11.A. DIRECTORS**

Maya Prosor 360 Furman Street Brooklyn, NY 11202	Dan Ariely 9 Womble Circle Durham, NC 27705
John S. Peters 25 Kimball Terrace Newton, MA 02460	James M. Hageman 11 Holcomb Hill Road West Granby, CT 06090
William D. Latza 123 West 74 Street, Apt. 8B New York, NY 10023	

**11.B. OFFICERS**

Chief Underwriting Officer: John S. Peters  
25 Kimball Terrace  
Newton, MA 02460

Chief Claims Officer: James M. Hageman  
11 Holcomb Hill Road  
West Granby, CT 06090

Chief Distribution Officer: Maya Prosor  
360 Furman Street  
Brooklyn, NY 11202

2018 FEB 12 09:55:06

Certificate of Good Standing

STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

LEMONADE INSURANCE COMPANY  
of New York, New York

was incorporated under the Laws of the State of New York on October 27, 2015, under the title of LEMONADE INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on September 15, 2016.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, collision, personal injury liability, property damage liability and marine and inland marine insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 12, 13, 14 and 20 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.



In Witness Whereof, I have hereunto set my hand  
and affixed the official seal of this Department  
at the City of Albany, New York, this  
1st day of February, 2018

MARIA T. VULLO  
Superintendent  
By

*Jaqueline Catalano*  
Special Deputy Superintendent