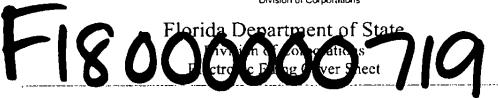
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Division of Corporations



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## FOREIGN PROFIT/NONPROFIT CORPORATION

# Lemonade Insurance Company

Certificate of Status	0
Certified Copy	0
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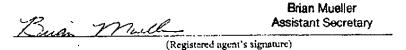
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Lemonade Insur 1	•	<u></u>	
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	°COMPANY," "CORPORATION,"	
(If name unavails	ible in Flurida, enter alternate corporate name ad-	opted for the purpose of transacting l	ousiness in Florida)
New York		7-5474073	
	y under the law of which it is incorporated) 5	· (FEI number, if appli	cable)
	of incorporation)	(Date of duration, if other th	an perpetual)
5 Crosby Street, I	(SEE SECTIONS 607.1501 & 607.1502 Fr. 3, New York, NY 10013 (Principal	office address)	· · · · · · · · · · · · · · · · · · ·
<del></del>	(Current mailing	nddress, if different)	
	et address of Florida registered agent: (P.O. CT Corporation System	Box NOT acceptable)	•
Name: Office Address:	1200 South Pine Island Road, Plantation	<del></del>	
	Рінпаціон	33324 , Florida	
	(City)	(Zip code)	r y Fsp

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.



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.

(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	Dan Ariely
360 Furman Street	9 Womble Circle
Brooklyn, NY 11202	Durham, NC 27705
John S. Peters	James M. Hageman
25 Kimball Terrace	11 Holcomb Hill Road
Newton, MA 02460	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

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 his 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

Special Deputy Superintendent

Gargnetor Cataglesis