

F200000002101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

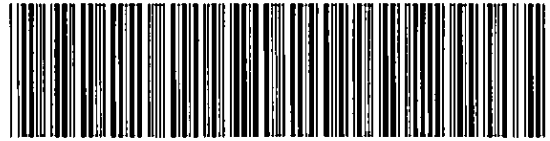
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/20--01024--006 **70.00

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APR 9 A 10 53
MAR 11 2020

MAY 06 2020
11 11 11

WHD-37252

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGITAL EDGE INSURANCE COMPANY
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGELIQUE GOUDEAUX

Name of Person

WESTMONT ASSOCIATES, INC.

Firm/Company

1763 MARLTON PIKE EAST, SUITE 200

Address

CHERRY HILL, NJ 08003

City/State and Zip code

angel@westmontlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELIQUE GOUDEAUX

Name of Person

at (856)

Area Code

216-0220

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Digital Edge 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. Delaware

(State or country under the law of which it is incorporated)

3. 82-4117108

(FEI number, if applicable)

4. 11-08-2017

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable

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

7. 76 St Paul Street, Suite 500, Burlington, VT 05401

(Principal office address)

76 St Paul Street, Suite 500, Burlington, VT 05401

(Current mailing address)

8. Property and Casualty Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Chief Financial Officer

Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.

Tallahassee

(City)

, Florida 32339

(Zip code)

10. **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.

Chief Financial Officer

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors: SEE ATTACHED

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

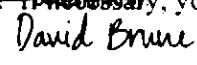
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  _____
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Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. David Brune North America CEO

(Typed or printed name and capacity of person signing application)

DIGITAL EDGE INSURANCE COMPANY

DIRECTORS AND OFFICERS LIST

DIRECTORS

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>TITLES</u>
Rear	Andrew	Paul	Chairman, Director
Brune	David	Gerard	Director
Eisenbraun	Stacey	Sarro	Director
Hoensch	Laura	Kittell	Director
Homm	Angela	Cape	Director
Kleiner	Andreas	Matthias	Director
Kuhn	Kenneth	Leo	Director

Business Address for Directors: 76 St. Paul Street, Suite 500, Burlington, VT 05401

OFFICERS

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>TITLES</u>
Brune	David	Gerard	Chief Executive Officer and President
Hoensch	Laura	Kittell	General Counsel and Secretary
Kuhn	Kenneth	Leo	Vice President & Treasurer
Homm	Angela	Cape	Chief Financial Officer and Vice President
Metayer	Kyle	Adam	Assistant Secretary
Eisenbraun	Stacey	Sarro	Vice President
Joy	Peter	Anthony	Vice President
Van Emburgh	Mark	Alan	Vice President

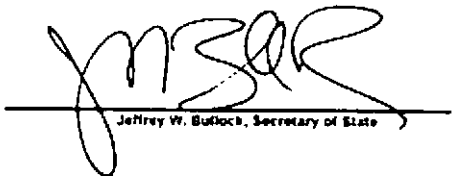
Business Address for Officers: 76 St. Paul Street, Suite 500, Burlington, VT 05401

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DIGITAL EDGE INSURANCE COMPANY" IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D.
2020.



Jeffrey W. Bullock, Secretary of State

6608502 8300

SR# 20202580236

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202713746

Date: 04-03-20