

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000008552

Entity Name: LEMONADE E&S INSURANCE AGENCY, LLC**Current Principal Place of Business:**3080 N CIVIC CENTER PLAZA
SCOTTSDALE, AZ 85251**Current Mailing Address:**3080 N CIVIC CENTER PLAZA
SCOTTSDALE, AZ 85251 US**FEI Number:** 88-0856029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MANAGER, PRESIDENT, CEO
Name	SCHREIBER, DANIEL
Address	5 CROSBY ST 3RD FLOOR
City-State-Zip:	NEW YORK NY 10013

Title	MANAGER, EXEC VP
Name	PROSOR, MAYA
Address	5 CROSBY ST 3RD FLOOR
City-State-Zip:	NEW YORK NY 10013

Title	MANAGER, CFO, TREASURER
Name	TOPPING, RONALD J
Address	5 CROSBY ST 3RD FLOOR
City-State-Zip:	NEW YORK NY 10013

Title	MANAGER, SECRETARY, GENERAL COUNSEL
Name	FISCHER, SCOTT
Address	5 CROSBY ST 3RD FLOOR
City-State-Zip:	NEW YORK NY 10013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT FISCHER**AUTHORIZED PERSON****03/15/2024**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date