

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000719

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**2046411476CC**

**Entity Name:** LEMONADE INSURANCE COMPANY

**Current Principal Place of Business:**

5 CROSBY STREET, FLR 3  
NEW YORK, NY 10013

**Current Mailing Address:**

5 CROSBY STREET, FLR 3  
NEW YORK, NY 10013 US

**FEI Number:** 47-5474073

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED CORPORATE SERVICES, INC.  
9200 S DADELAND BLVD STE 508  
MIAMI, FL 33156 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

**Officer/Director Detail :**

Title DIRECTOR, CHIEF TECHNOLOGY OFFICER  
Name WININGER, SHAY  
Address 24 HATZ AVENUE  
City-State-Zip: HAIFA 3435506

Title DIRECTOR, TREASURER  
Name TOPPING, RONALD J  
Address 2 DIANA COURT  
City-State-Zip: ALLENTOWN NJ 08501

Title PRESIDENT  
Name SCHREIBER, DANIEL A  
Address 11A EPHRAIM STEET  
City-State-Zip: JERUSALEM 93621

Title DIRECTOR, SECRETARY, GENERAL COUNSEL  
Name LATZA, WILLIAM D  
Address 123 WEST 74 STREET, APT 8B  
City-State-Zip: NEW YORK NY 10023

Title DIRECTOR, CHIEF DISTRIBUTION OFFICER  
Name PROSOR, MAYA  
Address 360 FURMAN STREET  
City-State-Zip: BROOKLYN NY 11202

Title DIRECTOR, CHIEF UNDERWRITING OFFICER  
Name PETERS, JOHN S  
Address 25 KIMBALL TERRACE  
City-State-Zip: NEWTON MA 02460

Title DIRECTOR, CHIEF CLAIMS OFFICER  
Name HAGEMAN, JAMES M  
Address 11 HOLCOMB HILL ROAD  
City-State-Zip: WEST GRANBY CT 06090

Title DIRECTOR  
Name MONAGHAN, DENNIS  
Address 235 HUDSON STREET APT 1211  
City-State-Zip: HOBOKEN NJ 07030

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM DAVID LATZA

**SECRETARY/GENERAL COUNSEL**

**03/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date