

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000719

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: 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

Officer/Director Detail :

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

Title DIRECTOR, TREASURER, CFO
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 GENERAL COUNSEL, SECRETARY
Name FISCHER, SCOTT
Address 1 HANSON PLACE APT. #32B
City-State-Zip: BROOKLYN NY 11243

Title CHIEF DISTRIBUTION OFFICER
Name PROSOR, MAYA
Address 230 W 79TH STREET APT. 12N
City-State-Zip: NEW YORK NY 10024

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 BURGESS, SEAN
Address 26049 N 104TH PLACE
City-State-Zip: SCOTTSDALE AZ 85255

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

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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: SCOTT FISCHER

SECRETARY

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, CHIEF COMPLIANCE OFFICER
Name FIREDMAN, ANN-MARIE
Address 5 CROSBY STREET, 3RD FLOOR
City-State-Zip: NEW YORK NY 10013