

**2019 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.  
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 C  
Name WININGER, SHAY  
Address 24 HATZ AVENUE  
City-State-Zip: HAIFA 3435506

Title D  
Name SAGALOW, TY R  
Address 96 MOUNTAIN AVENUE  
City-State-Zip: MILLBURN NJ 07041

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

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

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

Title DCDO  
Name PROSOR, MAYA  
Address 360 FURMAN STREET  
City-State-Zip: BROOKLYN NY 11202

Title DCUO  
Name PETERS, JOHN S  
Address 25 KIMBALL TERRACE  
City-State-Zip: NEWTON MA 02460

Title D  
Name ARIELY, DAN  
Address 9 WOMBLE CIRCLE  
City-State-Zip: DURHAM NC 27705

**Continues on page 2**

*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 D. LATZA****GENERAL COUNSEL****07/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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