

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002101

Entity Name: DIGITAL EDGE INSURANCE COMPANY**Current Principal Place of Business:**76 ST PAUL ST STE 500
BURLINGTON, VT 05401**Current Mailing Address:**76 ST PAUL ST STE 500
BURLINGTON, VT 05401**FEI Number:** 82-4117108**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32339 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 CEOP, DIRECTOR
Name BRUNE, DAVID G
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title CFO, VP, DIRECTOR
Name HOMM, ANGELA C
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title VP, DIRECTOR
Name EISENBRAUN, STACEY
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title VP
Name JOY, PETER
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title VP, DIRECTOR
Name KUHN, KENNETH L
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title ASSISTANT SECRETARY
Name METAYER, KYLE
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title VP
Name VAN EMBURGH, MARK
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title DIRECTOR
Name HORBELT, OLIVER
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

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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: PETER JOY

VICE PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KERNER, MICHAEL
Address	76 ST PAUL ST STE 500
City-State-Zip:	BURLINGTON VT 05401