

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835058

Entity Name: METROMILE INSURANCE COMPANY**Current Principal Place of Business:**425 MARKET STREET
SUITE 700
SAN FRANCISCO, CA 94105**Current Mailing Address:**425 MARKET STREET
SUITE 700
SAN FRANCISCO, CA 94105 US**FEI Number:** 04-2482364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name	ALEXOVICH, LINDSAY
Address	425 MARKET STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	PRESTON, DAN
Address	425 MARKET STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	TREASURER/CFO
Name	ALEXOVICH, LINDSAY
Address	425 MARKET STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	PRESIDENT/CEO
Name	PRESTON, DAN
Address	425 MARKET STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR, SECRETARY
Name	RO, JUNNA
Address	425 MARKET STREET, SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

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: DAN PRESTON

PRESIDENT

03/30/2022

Electronic Signature of Signing Officer/Director Detail_____
Date