

2022 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	VP
Name	VAN EMBURGH, MARK
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	SENIOR VICE PRESIDENT & CHIEF FINANCIAL OFFICER
Name	HORBELT, OLIVER
Address	76 ST PAUL ST STE 500
City-State-Zip:	BURLINGTON VT 05401

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

Title	ASSISTANT GENERAL COUNSEL, SECRETARY
Name	GREEN, DAVID
Address	76 ST PAUL ST STE 500
City-State-Zip:	BURLINGTON VT 05401

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

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

Title	DIRECTOR
Name	KLEINER, ANDREAS
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

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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