

**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            VP, DIRECTOR  
Name            KUHN, KENNETH L  
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            ASSISTANT SECRETARY  
Name            METAYER, KYLE  
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            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            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