## **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

**FILED** Mar 30, 2022

**Secretary of State** 

7582227366CC

Officer/Director Detail:

**DIRECTOR** Title ALEXOVICH, LINDSAY Name

Address 425 MARKET STREET

SUITE 700

SAN FRANCISCO CA 94105 City-State-Zip:

Title TREASURER/CFO Name ALEXOVICH, LINDSAY 425 MARKET STREET Address

SUITE 700

SAN FRANCISCO CA 94105 City-State-Zip:

Title DIRECTOR, SECRETARY

RO, JUNNA Name

Address 425 MARKET STREET, SUITE 700 City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR

PRESTON, DAN Name

Address 425 MARKET STREET

SUITE 700

SAN FRANCISCO CA 94105 City-State-Zip:

Title PRESIDENT/CEO PRESTON, DAN Name

425 MARKET STREET Address

SUITE 700

SAN FRANCISCO CA 94105 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/30/2022