

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005114

**Entity Name:** INSURANCEZEBRA, INC.

**Current Principal Place of Business:**

98 SAN JACINTO BLVD  
STE 2000  
AUSTIN, TX 78701

**FILED**  
**Mar 30, 2022**  
**Secretary of State**  
**5350548962CC**

**Current Mailing Address:**

98 SAN JACINTO BLVD  
STE 2000  
AUSTIN, TX 78701 US

**FEI Number: NOT APPLICABLE**

**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            CEO  
Name            MELNICK, KEITH  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

Title            TREASURER / CFO  
Name            LYONS, ADAM  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

Title            SECRETARY  
Name            LYONS, ADAM  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

Title            CHAIRMAN OF THE BOARD  
Name            LYONS, ADAM  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

Title            DIRECTOR  
Name            LYONS, ADAM  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

Title            PRESIDENT  
Name            LYONS, ADAM  
Address        98 SAN JACINTO BLVD  
                  STE 2000  
City-State-Zip: AUSTIN TX 78701

*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: LYONS, ADAM**

**PRESIDENT**

**03/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date