

Exhibit E

In re Lemonade, Inc. Data Disclosure Litigation
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

**You have been
identified as someone
eligible for benefits
from a class action
settlement regarding
the Lemonade
Insurance Agency data
exposure.**

www.[website].com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

CMIS Code: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>.<<zip4>>

<<Country>>

A Settlement has been reached with Lemonade, Inc. and Lemonade Insurance Agency, LLC (the “Defendants”) in a class action lawsuit called *In re Lemonade, Inc. Data Disclosure* Litigation, Case No. 1:25-cv-04106 currently pending in the United States District Court for the Southern District of New York. The lawsuit is about the alleged data exposure of driver’s license numbers (“personal information”) involving Lemonade’s online insurance quote platform, which occurred between April 2023 and September 18, 2024 (i.e., the Data Exposure). The Action asserts claims against the Defendants for negligence, violation of the Driver’s Privacy Protection Act, and violation of the New York General Business Law Section 349. Defendants specifically deny any and all wrongdoing.

Am I included? The Defendant’s records indicate you are included in the Settlement Class. The Settlement Class consists of all living, natural persons residing in the United States whose Personal Information was potentially exposed in the Data Exposure, including all persons who were sent notice of the Data Exposure. The Settlement consists of approximately 190,000 individuals.

What does the Settlement provide? If approved by the Court, Defendants will pay \$10,500,000 into a Settlement Fund to resolve the Settlement. Settlement Class Members may elect to receive a Documented Loss Payment of up to \$10,000 for losses related to the Data Exposure, **and** a *pro rata* Cash Fund Payment. You will also receive 3 years of Credit Monitoring and Insurance Services (“CMIS”) as an automatic benefit under the Settlement provided you do not opt out. **Your unique CMIS code is listed on the front of the postcard with your Class Member ID. Please retain the code as it is required to activate your CMIS benefit after Final Approval.** Please monitor the Settlement Website (www.[website].com) for further updates and, once the Court grants final approval of the Settlement, instructions on how to activate your CMIS code.

How do I get a Settlement Payment? You must file a Claim Form online at www.[website].com, or print one from the Settlement Website and mail it to the address on the form to get a Settlement Payment. Claim Forms must be submitted or postmarked by **Month XX, 202X**.

What are my other options? If you do nothing, you will not receive a Settlement Payment. You will remain a member of the Settlement Class and will still be able to activate your CMIS code. You will give up your rights to sue the Defendants for the claims resolved by this Settlement. If you do not want any Settlement Benefits, but you want to keep your right to sue the Defendants for the claims resolved by this Settlement you must submit a Request for Exclusion (called “opting out”). If you do not submit a Request for Exclusion, you may object to the Settlement (on your own or through counsel) and ask the Court for permission to speak at the Final Approval Hearing. The Request for Exclusion and Objection deadline is **Month XX, 202X**.

The Court’s Final Approval Hearing. The Court will hold a hearing on **Month XX, 202X** to decide whether to approve the Settlement, Attorneys’ fees, Costs, and Expenses, and a \$2,000 Service Award payment to each Class Representative. If approved, these amounts will be paid from the Settlement Fund before calculating and distributing Settlement Benefits to Settlement Class

Members who submit Valid Claims. You or your lawyer may attend the hearing at your own expense. Settlement Class Members wishing to attend or speak at the Final Approval Hearing may enter an appearance through an attorney.

Want more information? Visit [www.\[website\].com](http://www.[website].com) for complete details about the Settlement and instructions on how to act on your rights and options. You may also call (xxx) xxx-xxxx for more information.

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P.O. Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORMClaim Forms must be postmarked no later than **Month XX, 2026**.

You MUST submit a Claim Form online or use the full Claim Form available on the Settlement Website to receive your payment(s) electronically and/or make a claim for a **Documented Loss Payment**.

Class Member ID: <<refnum>>

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>> <<City>>,

<<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct address information.

Address_____
City_____
State_____
Zip CodeCheck the box next to the benefit you are claiming:

You may claim a Cash Fund Payment using this Postcard Claim Form.

 Cash Fund Payment: I want to receive a *pro rata* (proportional) cash payment. *

*Final amount to be determined after all Valid Claims are submitted.

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

Signature: _____ Date (MM/DD/YYYY): ____ / ____ / ____