2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2024
Secretary of State
9249989914CC

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Entity Name: SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.

Current Principal Place of Business:

3165 MCCRORY PL STE 100
ORLANDO, FL 32803

Current Mailing Address:

3165 MCCRORY PL STE 100
ORLANDO, FL 32803 US

FEI Number: 55-0878664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCURULL, MANNY
3165 MCCRORY PL STE 100
ORLANDO, FL 32803 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

Authorized Person(s) Detail :

Title	AMBR
Name	DOXA ACCIDENT & HEALTH INSURANCE, LLC
Address	3165 MCCRORY PL STE 100
City-State-Zip:	ORLANDO FL 32803

Title	COO
Name	WIGGINS, TIMOTHY
Address	101 E WACHINGTON BLVD 10 FL
City-State-Zip:	FT WAYNE IN 46802

Title	P
Name	COCURULL, MANNY
Address	3165 MCCRORY PL STE 100
City-State-Zip:	ORLANDO FL 32803

Title	CEO
Name	SACKETT, MATTHEW
Address	101 E WACHINGTON BLVD 10 FL
City-State-Zip:	FT WAYNE IN 46802

Title	CFO
Name	WALL, KEVIN
Address	101 E WACHINGTON BLVD 10 FL
City-State-Zip:	FT WAYNE IN 46802

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY WIGGINS COO 04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date