2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 17, 2022
Secretary of State
3852791606CC

DOCUMENT# L04000058901

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

Current Principal Place of Business:

855 EAST PLANT STREET
SUITE 1300
WINTER GARDEN, FL 34787

Current Mailing Address:

101 E WASHINGTON 10TH FLOOR
FORT WAYNE, IN 46802 US

FEI Number: 55-0878664

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COCURULL, MANNY
855 EAST PLANT STREET
SUITE 1300
WINTER GARDEN, FL 34787 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: MANNY COCURULL 08/17/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	COO
Name	COCURULL, MANNY	Name	WIGGINS, TIM
Address	855 EAST PLANT STREET SUITE 1300	Address	855 EAST PLANT STREET SUITE 1300
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

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: TIM WIGGINS COO 08/17/2022

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