2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2019
Secretary of State
8044839636CC

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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:

P.O. BOX 784268
WINTER GARDEN, FL 34787 US

FEI Number: 55-0878664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, LANE L
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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AGENT IN CHARGE/OWNER
Name	SMITH, LANE L
Address	855 EAST PLANT STREET, SUITE 1300
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: LANE SMITH AGENT 02/20/2019

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