

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000003145

**Entity Name:** WORK-LOSS DATA INSTITUTE, LLC

**Current Principal Place of Business:**

3006 BEE CAVES ROAD STE A250  
AUSTIN, TX 78746

**Current Mailing Address:**

3006 BEE CAVES ROAD STE A250  
AUSTIN, TX 78746 US

**FEI Number: 06-1428958**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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

**Authorized Person(s) Detail :**

Title	MGR, DIRECTOR	Title	MGR
Name	TUCHINDA, CHARLES	Name	DORN, GREGORY H
Address	6420 WILSHIRE BLVD.	Address	3006 BEE CAVES ROAD STE A250
City-State-Zip:	LOS ANGELES CA 90048	City-State-Zip:	AUSTIN TX 78746
Title	ASST. TREASURER		
Name	KORS, DAVID L.		
Address	3540 TORINGTON WAY		
City-State-Zip:	CHARLOTTE NC 28277		

*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: DAVID L KORS**

**ASSISTANT TREASURER 04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date