

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 29, 2020
Secretary of State
9118411555CC

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
Name MALLOCH, RICHARD P
Address 3006 BEE CAVES ROAD STE A250
City-State-Zip: AUSTIN TX 78746

Title MGR
Name DORN, GREGORY H
Address 3006 BEE CAVES ROAD STE A250
City-State-Zip: AUSTIN TX 78746

Title ASST. TREASURER
Name KORS, DAVID L.
Address 214 N TRYON ST - 31ST FLOOR
City-State-Zip: CHARLOTTE NC 28202

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 04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date