

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 325512

Entity Name: RAYMOND JAMES INSURANCE GROUP, INC.**Current Principal Place of Business:**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**Current Mailing Address:**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US**FEI Number:** 59-1199408**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

Officer/Director Detail :

Title DIRECTOR
Name CURTIS, SCOTT A.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name ZANK, DENNIS W.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name MAZIAD, ELIZABETH J.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name STOLZ, SCOTT L.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name STOLZ, SCOTT L.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name OLLIA, MARSHALL F.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH J. MAZIAD**SECRETARY****04/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date