

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 263326

**Entity Name:** NATIONS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1235 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 4343  
TALLAHASSEE, FL 32315 US

**FEI Number:** 59-1008745

**Certificate of Status Desired:** No

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

JONES, WILLIAM RIII  
1235 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308 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 P  
Name JONES, WILLIAM RIII  
Address 1235 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name CRISWELL, KAREN  
Address 1235 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title ST  
Name JONES, ANGIE  
Address 1235 MICCOSUKEE RD.  
City-State-Zip: TALLAHASSEE FL 32308

*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:** ANGIE JONES

**SECRETARY**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date