

2019 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	STOLZ, SCOTT L.
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	PRESIDENT
Name	STOLZ, SCOTT L.
Address	880 CARILLON PARKWAY
City-State-Zip:	ST. PETERSBURG FL 33716

Title	SECRETARY, VP
Name	MAZIAD, ELIZABETH J.
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, VICE
PRESIDENT****03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date