#### 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 325512** 

Entity Name: RAYMOND JAMES INSURANCE GROUP, INC.

## **Current Principal Place of Business:**

880 CARILLON PARKWAY ATTN: LEGAL DEPARTMENT ST. PETERSBURG, FL 33716

### **Current Mailing Address:**

880 CARILLON PARKWAY ATTN: LEGAL DEPARTMENT 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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Officer/Director Detail:

Title ASSISTANT SECRETARY Title CEO

SUZANSKI, ELIZABETH R. Name Name JACKSON, JORDAN

Address 880 CARILLON PARKWAY Address 880 CARILLON PARKWAY

> ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT

> ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 City-State-Zip:

Title **PRESIDENT** DIRECTOR Title

JACKSON, JORDAN SEUGLING, WILLIAM Name Name

880 CARILLON PARKWAY 880 CARILLON PARKWAY Address Address

ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT

ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name SPACCAROTELLI, JAKE Name JACKSON, JORDAN

880 CARILLON PARKWAY 880 CARILLON PARKWAY Address Address

> ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT

ST. PETERSBURG FL 33716 City-State-Zip: ST. PETERSBURG FL 33716 City-State-Zip:

Title **DESIGNATED LICENSED** Title **DIRECTOR** 

> RESPONSIBLE PARTY Name CURTIS, SCOTT A.

Name JACKSON, JORDAN 880 CARILLON PARKWAY Address

880 CARILLON PARKWAY ATTN: LEGAL DEPARTMENT

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716 City-State-Zip: ST. PETERSBURG FL 33716

# Continues on page 2

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.

04/02/2025 SIGNATURE: ELIZABETH J. MAZIAD VP/SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Date

**FILED** Apr 02, 2025

**Secretary of State** 

8092519114CC

#### Officer/Director Detail Continued:

Title OFAC SANCTIONS OFFICER

Name DOWLING, DEBRA

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title CFO

Name OLLIA, MARSHALL F.

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR

Name JENSON, KIM

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT TREASURER

Name OORLOG, JONATHAN W. JR.

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title VP/SECRETARY

Name MAZIAD, ELIZABETH J.

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER

Name OLLIA, MARSHALL F.

Address 880 CARILLON PARKWAY

ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT TREASURER

Name STEVENSON, CASSANDRA COOK

Address 880 CARILLON PARKWAY ATTN: LEGAL DEPARTMENT

City-State-Zip: ST. PETERSBURG FL 33716