

**2017 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           ZANK, DENNIS W.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title           DIRECTOR  
Name           CURTIS, SCOTT A.  
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           TREASURER  
Name           OLLIA, MARSHALL F.  
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           STOLZ, SCOTT L.  
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**

**04/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date