

2020 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFAC SANCTIONS OFFICER
Name DOWLING, DEBRA
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT SECRETARY
Name JAMES, CANDI
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title AUTHORIZED ASSOCIATE
Name MAZIAD, ELIZABETH J.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title CHIEF COMPLIANCE OFFICER
Name HYSLOP, JASON
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title CHIEF FINANCIAL OFFICER AND
TREASURER
Name SHOUKRY, PAUL M.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT SECRETARY
Name BAHR, KARY G.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title ENTITY MANAGER
Name JATTANSINGH, VASHTI
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

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

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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**AUTHORIZED ASSOCIATE** 05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name ALLEN, BRADLEY W.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name STOLZ, SCOTT L.
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 PRESIDENT & CEO
Name STOLZ, SCOTT L.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name ARIYAN, GERALD "HAIG"
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716

Title REGULATORY CONTACT
Name MAZIAD, ELIZABETH J.
Address 880 CARILLON PARKWAY
ATTN: LEGAL DEPARTMENT
City-State-Zip: ST. PETERSBURG FL 33716