

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215513076

1.) CORPORATION NAME:

**Raymond James Insurance Services Group, Inc. (USEDIN**

**VA BY: Raymond James Insurance Group, Inc.)**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

DUE DATE: **4/30/2015**

SCC ID NO: **F1746272**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 880 CARILLON PARKWAY

CITY/ST/ZIP: ST PETERSBURG, FL 33716

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SCOTT L STOLZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME:	JAMES SWINK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME:	RICHARD B FRANZ, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME:	ANITA M KAILING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME:	ELIZABETH J MAZIAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME:	DENNIS W ZANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ELIZABETH J MAZIAD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH J MAZIAD, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/4/2015 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.