No. C 200925		Due no later than Jan 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. RAYMOND JAMES INSURANCE GROUP, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		024 6 00 6144	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				BOISE ID 83				
		and Addresses of D	conident Constant and Nicotone Trans	3. <u>New</u> Registered	d Agent S	ignature:*		
Office Held Name		less addresses of Pi	resident, Secretary, and Directors. Trea Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR PRESIDENT SECRETARY DIRECTOR TREASURER	SCOTT L. S SCOTT A. G SCOTT L. S ELIZABETH DENNIS W. MARSHALL	CURTIS STOLZ J. MAZIAD ZANK	880 CARILLON PARKWAY 880 CARILLON PARKWAY 880 CARILLON PARKWAY 880 CARILLON PARKWAY 880 CARILLON PARKWAY 880 CARILLON PARKWAY	ST PETERSBURG ST PETERSBURG ST PETERSBURG ST PETERSBURG ST PETERSBURG ST. PETERSBURG	FL FL FL FL FL	USA USA USA USA	33716 33716 33716 33716 33716 33716	
5. Organized Under the Laws of:		6. Annual Report						
FL C 200925		Signature: Kelly Lettmann Name (type or print): Kelly Lettmann			Date: 12/08/2016 Title: POA			
Processed 12/08/2016		* Electronically pro	vided signatures are accepted as origin	al signatures.				