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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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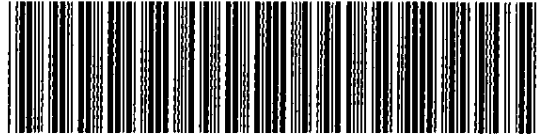
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/17/08--01034--010 **87.50

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2009 JAN 13 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WBS-5612

T. Burch JAN 14 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AXIS Specialty Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shannon Weinberg

(Name of Person)

AXIS Specialty Insurance Company

(Firm/Company)

11680 Great Oaks Way, Ste. 500

(Address)

Alpharetta, GA 30022

(City/State and Zip code)

For further information concerning this matter, please call:

Shannon Weinberg

(Name of Person)

at (678) 746-9579

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED
DEPARTMENT OF STATE
09 JAN 13 PM 3:34

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2008

SHANNON WEINBERG
11680 GREAT OAKS WAY STE 500
ALPHARETTA, GA 30022

SUBJECT: AXIS SPECIALTY INSURANCE COMPANY
Ref. Number: W08000056112

We have received your document for AXIS SPECIALTY INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 508A00060958

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **AXIS Specialty Insurance Company**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Connecticut**

(State or country under the law of which it is incorporated)

3. **56-2295242**

(FEI number, if applicable)

4. **January 12, 1983**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **One State Street, Suite 1700, Hartford, CT 06103**

(Principal office address)

11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

(Current mailing address)

8. **Insurance Company**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Lynette Coleman, c/o Corporation Service Company**

Office Address: **1201 Hays Street**

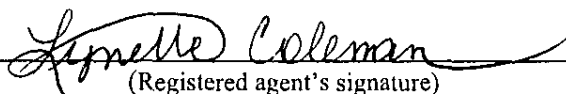
Tallahassee, Florida **32301**

(City)

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gregory Wayne Springer ✓

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

Vice Chairman: Andrew Martin Weissert ✓

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

Director: Cheryl Lynn Price ✓

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

Director: Carlton Wendell Maner

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

B. OFFICERS

President: Gregory Wayne Springer

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

Vice President: Michael Elliott Morrill

Address: 430 Park Ave, 4th Floor, New York, NY 10022

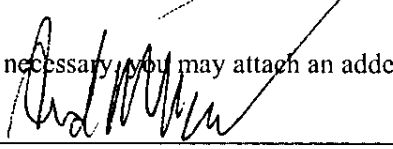
Secretary: Andrew Martin Weissert ✓

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

Treasurer: Cheryl Lynn Price ✓

Address: 11680 Great Oaks Way, Ste. 500, Alpharetta, GA 30022

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Andrew Martin Weissert - SVP, Secretary, General Counsel and Director
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

AXIS SPECIALTY INSURANCE COMPANY

a domestic STOCK corporation, was filed in this office on January 12, 1983.

A certificate of amendment for ORION EXCESS INSURANCE COMPANY, changing its name to
CONNECTICUT SPECIALTY INSURANCE COMPANY, was filed on March 30, 1990.

A certificate of amendment for CONNECTICUT SPECIALTY INSURANCE COMPANY, changing
its name to AXIS SPECIALTY INSURANCE COMPANY, was filed on February 24, 2003.

A certificate of dissolution has not been filed, and so far as indicated by the records of this office such
corporation is in existence.



Secretary of the State

Date Issued: December 30, 2008