

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003712

Entity Name: AXIS LIFE INSURANCE, LLC

Current Principal Place of Business:

155 108TH AVE NE
725
BELLEVUE, WA 98004

Current Mailing Address:

PO BOX 90007
BELLEVUE, WA 98009 US

FEI Number: 27-0374251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

Authorized Person(s) Detail :

Title	MANAGER	Title	MEMBER
Name	BRAVO DELTA RISK, INC.	Name	CONOVER INSURANCE SERVICES, LLC
Address	PO BOX 62	Address	PO BOX 10088
City-State-Zip:	MEDINA WA 98039	City-State-Zip:	YAKIMA WA 98909

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIE RIPLEY

LICENSING
COORDINATOR

05/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date