

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850230

**Entity Name:** AXIS INSURANCE COMPANY**Current Principal Place of Business:**111 SOUTH WACKER DR.  
STE. 3500  
CHICAGO, IL 60606**Current Mailing Address:**11680 GREAT OAKS WAY  
SUITE 500  
ALPHARETTA, GA 30022 US**FEI Number:** 39-1338397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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	SGCD
Name	WEISSERT, ANDREW M
Address	11680 GREAT OAKS WAY, SUITE 500
City-State-Zip:	ALPHARETTA GA 30022

Title	DIRECTOR, VP
Name	TATUM, JOHN W JR.
Address	111 SOUTH WACKER DR. STE. 3500
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	NANCE, MARC H
Address	111 SOUTH WACKER DR. STE. 3500
City-State-Zip:	CHICAGO IL 60606

Title	PRESIDENT, CEO, DIRECTOR
Name	MANER, CARLTON W
Address	11680 GREAT OAKS WAY, SUITE 500
City-State-Zip:	ALPHARETTA GA 30022

Title	SVP, TREASURER
Name	MCCARTY, MARTIN J
Address	11680 GREAT OAKS WAY, SUITE 500
City-State-Zip:	ALPHARETTA GA 30022

Title	DIRECTOR, SENIOR VICE PRESIDENT
Name	HAMILTON, JAMES R
Address	111 SOUTH WACKER DR. STE. 3500
City-State-Zip:	CHICAGO IL 60606

*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:** ANDREW M. WEISSERT

SVP

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date