# SIGNATURE: ANDREW M. WEISSERT

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

# 2016 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

### 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

#### Officer/Director Detail :

	Title	SGCD	Title	DSVP
	Name	WEISSERT, ANDREW M	Name	MANER, CARLTON W
	Address	11680 GREAT OAKS WAY, SUITE 500	Address	11680 GREAT OAKS WAY, SUITE 500
	City-State-Zip:	ALPHARETTA GA 30022	City-State-Zip:	ALPHARETTA GA 30022
	Title	DIRECTOR	Title	SVP, TREASURER
	Name	HERLIHY, MICHAEL J	Name	MCCARTY, MARTIN J
	Address	111 SOUTH WACKER DR.	Address	11680 GREAT OAKS WAY, SUITE 500
	City Ctata Zin	STE. 3500	City-State-Zip:	ALPHARETTA GA 30022
	City-State-Zip:	CHICAGO IL 60606	Title	DIRECTOR. SVP
	Title	PCEO, DIRECTOR		) -
	Name	VOGT, PETER J	Name	DISIPIO, CHRISTOPHER N
	Address	1 UNIVERSITY SQUARE DR	Address	1 UNIVERSITY SQUARE DRIVE STE. 200
	City Ctata Zin	STE. 200	City-State-Zip:	PRINCETON NJ 08540
	City-State-Zip:	PRINCETON NJ 08540	<b>T</b> '(1 -	
	Title	DIRECTOR	Title	DIRECTOR
	Name	NANCE, MARC H	Name	BERRINGER, JAMES W
	Address	111 SOUTH WACKER DR.	Address	111 SOUTH WACKER DR. STE. 3500
	City-State-Zip:	STE. 3500 CHICAGO IL 60606	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

SVP, GENERAL COUNSEL 03/29/2016 & SECRETARY

Certificate of Status Desired: No

FILED Mar 29, 2016 Secretary of State CC6485045212

Date