

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850230

Entity Name: AXIS INSURANCE COMPANY

Current Principal Place of Business:

233 SOUTH WACKER DR.
STE. 4930
CHICAGO, IL 60606

FILED
Apr 11, 2024
Secretary of State
4418008223CC

Current Mailing Address:

10000 AVALON BLVD
STE 200
ALPHARETTA, GA 30009 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 10000 AVALON BLVD., STE. 200
City-State-Zip: ALPHARETTA GA 30009

Title PRESIDENT, CEO, DIRECTOR
Name MCKENNA, MICHAEL J
Address 10000 AVALON BLVD
STE 200
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR, VP
Name WORDEKEMPER, DOUG JR.
Address 233 SOUTH WACKER DR.
STE. 4930
City-State-Zip: CHICAGO IL 60606

Title SVP, TREASURER
Name PAGLIARULO, DENISE
Address 10000 AVALON BLVD
STE 200
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name GELLER, CHRISTINA
Address 233 SOUTH WACKER DR.
STE. 4930
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, SENIOR VICE PRESIDENT
Name HAMILTON, JAMES R
Address 233 SOUTH WACKER DR.
STE. 4930
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

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date