

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850230

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC9993650114**

**Entity Name:** AXIS INSURANCE COMPANY

**Current Principal Place of Business:**

303 WEST MADISON STREET  
SUITE 500  
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 DSVP  
Name MANER, CARLTON W  
Address 11680 GREAT OAKS WAY, SUITE 500  
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR  
Name HERLIHY, MICHAEL J  
Address 303 W. MADISON  
STE. 500  
City-State-Zip: CHICAGO IL 60606

Title VPTD  
Name TEES, NORMAN J  
Address 11680 GREAT OAKS WAY, SUITE 500  
City-State-Zip: ALPHARETTA GA 30022

Title PCEO, DIRECTOR  
Name SPRINGER, GREGORY W  
Address 11680 GREAT OAKS WAY, SUITE 500  
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR  
Name DISIPIO, CHRISTOPHER N  
Address 1 UNIVERSITY SQUARE DRIVE  
STE. 300  
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR  
Name NANCE, MARC H  
Address 303 W. MADISON STREET  
STE. 500  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name BERRINGER, JAMES W  
Address 303 W. MADISON STREET  
STE. 500  
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, GC & SECRETARY**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date