

2021 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:**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 11680 GREAT OAKS WAY, SUITE 500
City-State-Zip: ALPHARETTA GA 30022

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

Title DIRECTOR
Name BAUMEL, MICHAEL J
Address 111 SOUTH WACKER DR.
STE. 3500
City-State-Zip: CHICAGO IL 60606

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

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date