

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850230

**Entity Name:** AXIS INSURANCE COMPANY

**Current Principal Place of Business:**

233 SOUTH WACKER DR.  
STE. 3510  
CHICAGO, IL 60606

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**0087851989CC**

**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 MANER, CARLTON W  
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. 3510  
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 ARDERN, DEB  
Address 233 SOUTH WACKER DR.  
STE. 3510  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name HAMILTON, JAMES R  
Address 233 SOUTH WACKER DR.  
STE. 3510  
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, SECRETARY**

**01/23/2023**

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

\_\_\_\_\_  
Date