2020 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	PRESIDENT, CEO, DIRECTOR
	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, VP	Title	SVP, TREASURER
	Name	TATUM, JOHN W JR.	Name	PAGLIARULO, DENISE
	Address	111 SOUTH WACKER DR.	Address	11680 GREAT OAKS WAY, SUITE 500
	City-State-Zip:	STE. 3500 CHICAGO IL 60606	City-State-Zip:	ALPHARETTA GA 30022
			Title	DIRECTOR, SENIOR VICE PRESIDENT
	Title	DIRECTOR	Name	HAMILTON, JAMES R
	Name	BAUMEL, MICHAEL J	Address	111 SOUTH WACKER DR.
	Address	111 SOUTH WACKER DR. STE. 3500	City-State-Zip:	STE. 3500
	City-State-Zip:	CHICAGO IL 60606		CHICAGO IL 60606
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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

01/22/2020 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 22, 2020 Secretary of State 8622032801CC

Certificate of Status Desired: No