

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000164

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**8748412270CC**

**Entity Name:** AXIS SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE STATE STREET  
SUITE 1700  
HARTFORD, CT 06103

**Current Mailing Address:**

11680 GREAT OAKS WAY  
SUITE 500  
ALPHARETTA, GA 30022

**FEI Number:** 56-2295242

**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	PCEO, DIRECTOR
Name	MANER, CARLTON W
Address	11680 GREAT OAKS WAY STE. 500
City-State-Zip:	ALPHARETTA GA 30022
Title	SVP, TREASURER
Name	MCCARTY, MARTIN J.
Address	11680 GREAT OAKS WAY STE 500
City-State-Zip:	ALPHARETTA GA 30022

Title	SGCD
Name	WEISSERT, ANDREW M
Address	11680 GREAT OAKS WAY STE 500
City-State-Zip:	ALPHARETTA GA 30022
Title	DIRECTOR, SENIOR VICE PRESIDENT
Name	HAMILTON, JAMES R
Address	ONE STATE STREET SUITE 1700
City-State-Zip:	HARTFORD CT 06103

*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**

**02/06/2019**

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

\_\_\_\_\_  
Date