2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900000164

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

Officer/Director Detail:

Title PCEO, DIRECTOR Title SGCD

MANER, CARLTON W Name Name WEISSERT, ANDREW M

11680 GREAT OAKS WAY 11680 GREAT OAKS WAY STE 500 Address Address

STE. 500

ALPHARETTA GA 30022 City-State-Zip: City-State-Zip: ALPHARETTA GA 30022

SVPD Title Title **TSVD**

Name SPRINGER, GREGORY W Name TEES, NORMAN J.

Address 11680 GREAT OAKS WAY STE 500 11680 GREAT OAKS WAY STE 500 Address

City-State-Zip: ALPHARETTA GA 30022 City-State-Zip: ALPHARETTA GA 30022

Date

FILED Mar 05, 2015

Secretary of State

CC3405264387

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.