

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000164

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC7228031177**

**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 SGCD  
Name WEISSERT, ANDREW M  
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 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

**SECRETARY**

**01/12/2018**

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