

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000164

Entity Name: AXIS SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**ONE AMERICAN ROW
STE. 4W
HARTFORD, CT 06102**Current Mailing Address:**10000 AVALON BLVD.
STE. 200
ALPHARETTA, GA 30009 US**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 10000 AVALON BLVD.
STE. 200
City-State-Zip: ALPHARETTA GA 30009

Title SGCD
Name WEISSERT, ANDREW M
Address 10000 AVALON BLVD.
STE. 200
City-State-Zip: ALPHARETTA GA 30009

Title SVP, TREASURER
Name PAGLIARULO, DENISE
Address 10000 AVALON BLVD.
STE. 200
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR, SENIOR VICE PRESIDENT
Name HAMILTON, JAMES R
Address 111 S. WACKER DR
STE. 2500
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, GENERAL COUNSEL 01/24/2022
& SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date