

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000164

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	SVPD
Name	VOGT, PETER J
Address	1 UNIVERSITY SQUARE DRIVE STE. 200
City-State-Zip:	PRINCETON NJ 08540

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**SEC & GC****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date