

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90147 039 \*\*\*150.00



**DOCUMENT # 811311**  
 1. Entity Name  
**AXIS REINSURANCE COMPANY**

Principal Place of Business  
**430 PARK AVENUE  
 15TH FLOOR  
 NEW YORK NY 10022**

Mailing Address  
**11680 GREAT OAKS WAY  
 5TH FLOOR  
 ALPHARETTA GA 30005  
 US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
**430 Park Ave.**

3. Mailing Address  
**11680 Great Oaks Way**

Suite, Apt. #, etc.  
**4th Fl**

Suite, Apt. #, etc.  
**5th Fl**

City & State  
**New York NY**

City & State  
**Alpharetta GA**

4. FEI Number **51-0434766** Applied For  
 Not Applicable

Zip **10022** Country **USA**

Zip **30022** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **Same (No change)**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRILL, MICHAEL 430 PARK AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP REDING, DENNIS 11680 GREAT OAKS WAY 5TH FLOOR ALPHARETTA GA 30022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GIERYN, RICHARD T JR 11680 GREAT OAKS WAY 5TH FLOOR ALPHARETTA GA 30022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C BLUM, RICHARD H 430 PARK AVENUE 15TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DONELAN, CHRISTOPHER 430 PARK AVENUE 15TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, GLENN 430 PARK AVENUE 15TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> Morrill, Michael 430 Park Ave. 4th Fl New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> Reding, Dennis 11680 Great Oaks Way, Sk. 500 Alpharetta, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/ISVP/IT</b> Price, Cheryl 11680 Great Oaks Way, Sk. 500 Alpharetta GA 30022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/EVP</b> Turner, F. Marshall II 11680 Great Oaks Way, Sk. 500 Alpharetta GA 30022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard T. Geryn April 26, 2005 (678) 746-9350  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #