
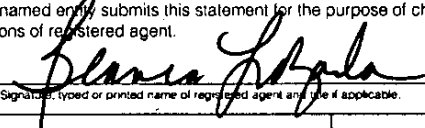
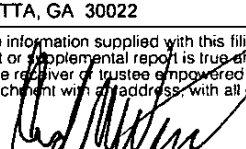


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 022 ***150.00

DOCUMENT # 811311			
1. Entity Name AXIS REINSURANCE COMPANY			
Principal Place of Business 430 PARK AVENUE 4TH FLOOR NEW YORK, NY 10022		Mailing Address 11680 GREAT OAKS WAY 5TH FLOOR ALPHARETTA, GA 30022 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) c/o Lynette Coleman 1201 Hays Street City Tallahassee FL Zip Code 32301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered principal office, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Branca Lozada, Assistant VP			
SIGNATURE: 		DATE: 4/11/2008	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORRILL, MICHAEL 430 PARK AVE, 4TH FL NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please see changes and additions to officers and directors attached to this sheet
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP REDING, DENNIS 11680 GREAT OATS WAS STE 500 ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS WEISSERT, ANDREW M 11680 GREAT OAKS WAY 5TH FLOOR ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP PRICE, CHERYL 11680 GREAT OAKS WAY ST 500 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TURNER, MARSHALL F II 11680 GREAT OAKS WAY STE 500 ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 4/14/08 678-746-9336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

4000100J



04042008 Chg-P CR2E034 (12/06)

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

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

Branca Lozada, Assistant VP

4/11/2008

\$5.00 May Be Added to Fees

Change Addition
Please see changes and additions to officers and directors attached to this sheet

4/14/08

678-746-9336

ATTACHMENT

40081605

#811311

Directors & Officers
AXIS Reinsurance Company
NAIC 20370

Name	Title
Christopher Donelan	Director
Halina Herc	Director
John M. Intondi	SVP
Steven W. Komis	Director
John A. Kuhn	Director, SVP
Nicholas M. Leccese, Jr.	Director, SVP
Carlton W. Maner	Director, SVP
Kevin Markowski	Director
Michael E. Morrill	Director, COB, President and CEO
Cheryl L. Price	Director, SVP and Treasurer
Gregory W. Springer	Director, SVP
Linda Ventresca	Director
Andrew M. Weissert	Director, SVP, General Counsel and Secretary