

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811311

FILED
Mar 15, 2011
Secretary of State

Entity Name: AXIS REINSURANCE COMPANY

Current Principal Place of Business:

430 PARK AVENUE
4TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

11680 GREAT OAKS WAY
SUITE 500
ALPHARETTA, GA 30022 US

New Mailing Address:

FEI Number: 51-0434766 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MORRILL, MICHAEL E
Address: 430 PARK AVE, 4TH FL
City-St-Zip: NEW YORK, NY 10022

Title: SGCD
Name: WEISSERT, ANDREW M
Address: 11680 GREAT OAKS WAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30022

Title: TSVD
Name: PRICE, CHERYL L
Address: 11680 GREAT OAKS WAY ST 500
City-St-Zip: ALPHARETTA, GA 30022

Title: D
Name: DONELAN, CHRISTOPHER
Address: 430 PARK AVENUE 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: DSVP
Name: MANER, CARLTON W
Address: 11680 GREAT OAKS WAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30022

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

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date