

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811311

FILED  
Jan 04, 2012  
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: MARKOWSKI, KEVIN J  
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

01/04/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date