

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850230

FILED
Jan 04, 2012
Secretary of State

Entity Name: AXIS INSURANCE COMPANY

Current Principal Place of Business:

303 WEST MADISON STREET
SUITE 500
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

11680 GREAT OAKS WAY
SUITE 500
ALPHARETTA, GA 30022 US

New Mailing Address:

FEI Number: 39-1338397

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

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

Title: SVPD
Name: KUHN, JOHN A
Address: 300 CONNELL DRIVE, SUITE 2000
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

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

Title: PCEO
Name: SPRINGER, GREGORY 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

SGC

01/04/2012

Electronic Signature of Signing Officer or Director

Date