


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 001 ***550.00

| | |
|---|---|
| DOCUMENT # F07000002269 |  |
| 1. Entity Name AXIS SPECIALTY U.S. SERVICES, INC. | |

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|--|--|
| Principal Place of Business 11680 GREAT OAKS WAY, SUITE 400 ALPHARETTA, GA 30022 | Mailing Address 11680 GREAT OAKS WAY, SUITE 400 ALPHARETTA, GA 30022 |
|--|--|

40111750



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|--|--|--|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
|--|--|--|--|

07162008 Chg-P CR2E034 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 41-2030082 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent Name 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 | CP REDING, DENNIS 11680 GREAT OAKS WAY, SUITE 400 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Redding, Dennis 11680 Great Oaks Way, Ste 500 Alpharetta, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, F. MARSHALL II 11680 GREAT OAKS WAY, SUITE 400 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 | D MORRILL, MICHAEL 430 PARK AVE., 4TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EEO Morrill, Michael 430 Park Ave, 4th Fl New York, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PRICE, CHERYL 11680 GREAT OAKS WAY, SUITE 400 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SP,T Price, Cheryl 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZYCK, REBECCA 11680 GREAT OAKS WAY, SUITE 400 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 | S WEISSERT, ANDREW 11680 GREAT OAKS WAY, SUITE 400 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SP, GE, S Weisert, Andrew 11680 Great Oaks Way, Ste 500 Alpharetta, GA 30022 <input checked="" 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 **7/16/2008** Daytime Phone # **678.746.9386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40111750
F07000002269

AXIS SPECIALTY US SERVICES, Inc.
Directors & Officers

| Name | Position | Business Address |
|------------------------|--|--|
| Richard T. Gieryn, Jr. | Director | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| Brian W. Goshen | COB, EVP and Director | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| David B. Greenfield | Director | 430 Park Avenue, 4 th Floor New York, NY 10022 |
| Michael E. Morrill | CEO | 430 Park Avenue, 4 th Floor New York, NY 10022 |
| Cheryl L. Price | SVP and Treasurer | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| Dennis B. Reding | Director | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| Andrew M. Weissert | SVP, General Counsel and Secretary | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| John A. Kuhn | SVP | Connell Corporate Park - 300 Connell Drive, Suite 2000 - Berkeley Heights, NJ 07922 |
| Carlton W. Maner | SVP | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |
| Gregory W. Springer | President | 11680 Great Oaks Way, Suite 500 Alpharetta, GA 30022 |