2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000164

Entity Name: AXIS SPECIALTY INSURANCE COMPANY

FILED Apr 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE STATE STREET STE 1700 ONE STATE STREET HARTFORD, CT 06103 SUITE 1700

HARTFORD, CT 06103

Current Mailing Address: New Mailing Address:

11680 GREAT OAKS WAY STE 500 11680 GREAT OAKS WAY ALPHARETTA, GA 30022 SUITE 500

ALPHARETTA, GA 30022

FEI Number: 56-2295242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

1201 HAYS STREET

1201 HAYS STREET

1201 HAYS STREET

TALLAHASSEE, FL 323012525 US TALLAHASSEE, FL 32301 US

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: 04/27/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO

Name: DISIPIO, CHRISTOPHER N

Address: 100 OVERLOOK CENTER, 2ND FLOOR

City-St-Zip: PRINCETON, NJ 08540

Title: SGCD

Name: WEISSERT, ANDREW M

Address: 11680 GREAT OAKS WAY STE 500

City-St-Zip: ALPHARETTA, GA 30022

Title: TSVD

Name: PRICE, CHERYL L

Address: 11680 GREAT OAKS WAY STE 500

City-St-Zip: ALPHARETTA, GA 30022

Title: D

Name: MANER, CARLTON W

Address: 11680 GREAT OAKS WAY STE 500

City-St-Zip: ALPHARETTA, GA 30022

Title:

 Name:
 MORRILL, MICHAEL E

 Address:
 430 PARK AVE 4TH FLOOR

 City-St-Zip:
 NEW YORK, NY 10022

Title: SVPD

Name: SPRINGER, GREGORY W
Address: 11680 GREAT OAKS WAY STE 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 04/27/2010