

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811311

**Entity Name:** AXIS REINSURANCE COMPANY

**Current Principal Place of Business:**

1166 AVENUE OF THE AMERICAS  
17TH FLOOR  
NEW YORK, NY 10036

**Current Mailing Address:**

10000 AVALON BLVD.  
STE. 200  
ALPHARETTA, GA 30009 US

**FEI Number:** 51-0434766

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
CORPORATION SERVICES COMPANY  
1201 HAYS ST.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO, DIRECTOR  
Name MCKENNA, MICHAEL J  
Address 10000 AVALON BLVD.  
STE. 200  
City-State-Zip: ALPHARETTA GA 30009

Title SGCD  
Name WEISSERT, ANDREW M  
Address 10000 AVALON BLVD.  
STE. 200  
City-State-Zip: ALPHARETTA GA 30009

Title TSVD  
Name PAGLIARULO, DENISE  
Address 10000 AVALON BLVD.  
STE. 200  
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR, VP  
Name LUPO, ROBERT T  
Address 1166 AVENUE OF THE AMERICAS  
17TH FLOOR  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name BUSTI, JASON  
Address 1166 AVENUE OF THE AMERICAS  
17TH FLOOR  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name VAN DECKER, JOHN  
Address 1166 AVENUE OF THE AMERICAS  
17TH FLOOR  
City-State-Zip: NEW YORK NY 10036

*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

SVP

04/11/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date