

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214510170

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Axis Capital, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1581711**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
16TH FLOOR, 1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	400
COMNV	14,600
PREFER	10,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 308 N LOCUST ST
PO BOX 2555

CITY/ST/ZIP: GRAND ISLAND, NE 68802

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GORDON GLADE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	308 N LOCUST ST		
CITY/ST/ZIP/CO:	PO BOX 68802 GRAND ISLAND, NE 68802		

NAME:	DEAN RUBIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	308 N LOCUST ST		
CITY/ST/ZIP/CO:	GRAND ISLAND, NE 68801		

NAME:	CECILIA PARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	308 N LOCUST STREE		
CITY/ST/ZIP/CO:	GRAND ISLAND, NE 68801		

NAME:	SHAUNA HECKATHORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	308 N LOCUST STREET		
CITY/ST/ZIP/CO:	GRAND ISLAND, NE 68801		

NAME:	MOSTAFIZ SHAHMOHAMMAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	ONE NORTH LEXINGTON AVE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10601		

NAME:	MARK SHERIDAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NORTH LEXINGTON AVE		
CITY/ST/ZIP/CO:	SUITE 1101 WHITE PLAINS, NY 10601		

NAME:	ALISON MASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NORTH LEXINGTON AVE		
CITY/ST/ZIP/CO:	SUITE 1101 WHITE PLAINS, NY 10601		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GORDON GLADE	GORDON GLADE, CEO	2/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.