PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) GOVERNMENT AFFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES INC 11680 Great Oaks Way ADDRESS (number and street) Suite 500 (Check if address is changed) Alpharetta 30022 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS denise.pagliarulo@axiscapital.com (Check if address is changed) Optional Second E-Mail Address darral.aquino@axiscapital.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00453571 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Pagliarulo, Denise, Cristina,, Type or Print Name of Treasurer Pagliarulo, Denise, Cristina,, [Electronically Filed] 09 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye z				
Can	didate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(D				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Title or Position Treasurer

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FEC Form 1 (Revise	d 03/3000)		Page 3
Write or Type Committee Na			raye 3
•	AFFAIRS COMMITTEE OF AX	IS SPECIALTY US	SERVICES INC
	I Organization, Affiliated Committee, Joint Fund		
GOVERNIVIENT AFF	FAIRS COMMITTEE OF AXIS SPE	CIALTY US SERVICES	
Mailing Address	11680 Great Oaks Way		
J W	Suite 500		
	Alpharetta	GA 30022	2
	CITY	STATE	ZIP CODE
_			
Relationship: Connec	ted Organization 🗶 Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor
books and records.	dentify by name, address (phone number option	al) and position of the person in	possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		elephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the tre	asurer of the committee; and the	name and address of
Full Name Pagliaru	lo, Denise, Cristina, ,		
Mailing Address	11680 Great Oaks Way		
	Ste 500		
	Alpharetta	GA 3002	2 1
	CITY	STATE	ZIP CODE

678

Telephone number

746

9476

Full Name of Designated Agent Aquino, Darral, , , Mailing Address Aquino, Darral, , , 11680 Great Oaks Way							
Designated Aquino, Darral, , , Agent							
Mailing Address 11680 Great Oaks Way							
Ste 500							
Alpharetta CITY STATE ZIP CODE							
Title or Position Assistant Treasurer Telephone number Telephone number	3						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
Wells Fargo Bank							
Mailing Address P.O. Box 63020							
San Francisco CA 94163							
CITY STATE ZIP CODE							
Name of Bank, Depository, etc.							
Mailing Address							
	Ш						
CITY STATE ZIP CODE							