## STATEMENT OF

PAGE 1/5 =

FORM 1		O	RGAN	IZATIO	NC				Office	Use O	nly		
1. NAME OF COMMITTEE (in	full)		Check if name changed)		mple:If typing, t	type	12FE	4M5					
GOVERNME	NT AF	FAIRS	COMM	ITTEE	OF AXIS	SPEC	CIALT	YU	SS	ER\	/ICE	ES II	VC_
ADDRESS (number a	nd street)	11680 Gr	eat Oaks Way		1 1 1 1 1				1 1	1 1		1 1	
(Check if address		Suite 500			1 1 1 1 1	1 1 1				1 1	1 1	1 1	
is changed	)	Alpharett	a 				GA STATE		30022	Z		DE 🛦	
COMMITTEE'S E-MA	IL ADDRES	S											
(Check if a is changed		denise.	pagliarulo@	axiscapita	al.com								
			Second E-Ma aquino@a		.com								
(Check if a is changed													
2. DATE 09			2017										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C0045357	71								
4. IS THIS STATEM	MENT	NEW	(N) OI	R ×	AMENDE	D (A)							
certify that I have e	xamined this	s Statemer	nt and to the	best of my	knowledge and	belief it i	s true, c	correct	and co	mplete	Э.		
Type or Print Name	of Treasurer	Pagliarul	o, Denise, Cris	stina, ,									
Signature of Treasure	er <i>Paglian</i>	rulo, Denise,	Cristina,,		[Electronically F	iled]	Date	12	′	01	/ Y	2017	Y
NOTE: Submission of					bject the person DULD BE REPO				the pe	nalties	of 2 U	.S.C. §	437g.
Office Use Only					For further infor Federal Election ( Toll Free 800-424 Local 202-694-110	Commission I-9530				EC F			

ı	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	1 ago <b>2</b>
Can	didate	e 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. (Cominformation below.)	plete the candidate
Name Cand			
	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	y Con	nmittee:	(D
(d)		· · · · ·	(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-	nected 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 secommittee. (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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o 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

TEC FOIII I (Revi	vised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
GOVERNMENT	T AFFAIRS COMMITTEE OF AXIS SPECIALTY US S	SERVICES IN
. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
GOVERNMENT A	FFAIRS COMMITTEE OF AXIS SPECIALTY US SERVICES	INC
Mailing Address	11680 Great Oaks Way	
J	Suite 500	
	Alpharetta GA 30022	
	CITY STATE	ZIP CODE
Custodian of Records	s: Identify by name, address (phone number optional) and position of the person in p	oossession of committee
Custodian of Records books and records.  Full Name	s: Identify by name, address (phone number optional) and position of the person in p	possession of committe
books and records.	s: Identify by name, address (phone number optional) and position of the person in p	possession of committe
books and records.  Full Name	s: Identify by name, address (phone number optional) and position of the person in p	possession of committee
books and records.  Full Name	s: Identify by name, address (phone number optional) and position of the person in p	possession of committee
books and records.  Full Name	c: Identify by name, address (phone number optional) and position of the person in p	zip code
books and records.  Full Name  Mailing Address		
books and records.  Full Name  Mailing Address  Title or Position  Treasurer: List the name	CITY STATE	ZIP CODE
books and records.  Full Name  Mailing Address  Title or Position  Treasurer: List the nam any designated agent (expected)	CITY STATE  Telephone number — optional) of the treasurer of the committee; and the	ZIP CODE
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (effective form).	CITY STATE  Telephone number — per and address (phone number — optional) of the treasurer of the committee; and the fe.g., assistant treasurer).	ZIP CODE
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (continuous forms).	CITY STATE  Telephone number — optional) of the treasurer of the committee; and the e.g., assistant treasurer).  iarulo, Denise, Cristina, ,	ZIP CODE

CITY

STATE

Telephone number

ZIP CODE

9476

746

1 LC 1 01	<b>rm 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Aquino, Darral, , ,	
Mailing Address	11680 Great Oaks Way	
	Ste 500	
	Alpharetta GA 30022	
		P CODE
Title or Position Assistant Treas		5 – 9648
Banks or Othe safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds a poxes or maintains funds.	accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds a coxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit b	poxes or maintains funds.	accounts, rents
safety deposit b	Depository, etc.  Wells Fargo Bank  1P.O. Box 63020	accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  1P.O. Box 63020	accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  1P.O. Box 63020	accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CA 94163	accounts, rents
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CA 94163	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CITY  STATE  Z	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CITY  STATE  ZI  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CITY  STATE  ZI  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  P.O. Box 63020  San Francisco  CITY  STATE  ZI  Depository, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7.			
ame of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
AXIS Specialty U	S Services Inc.		
1			
Mailing Address	11680 Great Oaks Way Suite 500		
	Alpharetta	GA	30022
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC S
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A  Telephone Number	ZIP CODE A