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Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 018 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 800416



1. Entity Name
AXA EQUITABLE LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
1290 AVENUE OF THE AMERICAS 1290 AVENUE OF THE AMERICAS
ATTN: D. HATTEM ATTN: D. HATTEM
NEW YORK, NY 10104 US NEW YORK, NY 10104 US

50023033



2. Principal Place of Business	3. Mailing Address	07172006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	13-5570651	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLGATE, DONALD 130 S DADELAND BLVD STE 400 1400 MIAMI, FL 33156	Name DONALD WOLGAST Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BLVD. SUITE 1400 City MIAMI FL Zip Code 33156

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Don Wolgast* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOB CHRISTOPHER, CONDRON 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SHERMAN, PAULINE 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary & Associate General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAREN FIELD HAZIN 1290 Avenue of the Americas New York, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB TULIN, STANLEY B 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FARRELL, MARY BETH 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CASTRIES, HENRI 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEVIN R. BYRNE 1290 Avenue of the Americas New York, NY 10104

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Field Hazin* **KAREN FIELD HAZIN** 07/20/06 (212) 554-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #