

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 AUG 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 800416 1. Entry Name AXA EQUITABLE LIFE INSURANCE COMPANY			
Principal Place of Business 1290 AVENUE OF THE AMERICAS ATTN: D. HATTEM NEW YORK, NY 10104 US		Mailing Address 1290 AVENUE OF THE AMERICAS ATTN: D. HATTEM NEW YORK, NY 10104 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. ATTN: S. STERLING City & State		3. Mailing Address Suite, Apt. #, etc. ATTN: S. STERLING City & State	
Zip Country	Zip Country	4. FEI Number 13-5570651	
6. Name and Address of Current Registered Agent WOLGAST, DONALD 9130 S DADELAND BLVD STE 1400 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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: <u><i>Donald Wolgast</i></u> 8-20-08 <small>(Signature, typed or printed name of registered agent, not applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$900.00			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOB CHRISTOPHER, CONDRON <input type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>01/20</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAG HAZIN, KAREN F <input type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB TULIN, STANLEY B <input checked="" type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & CEO RICHARD DZIADZIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FARRELL, MARY BETH <input type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8/14/08 01038 004 \$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CASTRIES, HENRI <input type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BYRNE, KEVIN R <input type="checkbox"/> Delete 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 8/8/08 212-314-4346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #