


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 800416</b>	
1. Entity 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
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01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-5570651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WOLGATE, DONALD 4130 S DADELAND BLVD STE 400 1400 MIAMI, FL 33156
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOB CHRISTOPHER, CONDRON 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SHERMAN, PAULINE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FARRELL, MARY BETH 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CASTRIES, HENRI 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/25/05-80093-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pauline Sherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05 (212) 314-5505  
PAULINE SHERMAN Date Daytime Phone #