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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
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

50023033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172006

Chg-P

CR2E034 (11/05)

City & State

City & State

13-5570651

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
SHERMAN, PAULINE ☒ Delete
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, Secretary & Associate General Counsel ☐ Change ☒ Addition
KAREN FIELD HAZIN
1290 Avenue of the Americas
New York, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOB
TULIN, STANLEY B ☐ Delete
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
FARRELL, MARY BETH ☐ Delete
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DE CASTRIES, HENRI ☐ Delete
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP & Treasurer ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN FIELD HAZIN 07/20/06 (212) 554-1234

Date

Daytime Phone #