2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800416

FILED Mar 16, 2011 Secretary of State

Entity Name: AXA EQUITABLE LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

1290 AVENUE OF THE AMERICAS ATTN: S. STERLING NEW YORK, NY 10104

New Mailing Address: Current Mailing Address:

1290 AVENUE OF THE AMERICAS ATTN: S. STERLING NEW YORK, NY 10104 US

FEI Number: 13-5570651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLGAST, DONALD 9130 S DADELAND BLVD STE 1400 MIAMI, FL 33156 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

MCMAHON, ANDREW Name:

1290 AVENUE OF THE AMERICAS Address: City-St-Zip: NEW YORK, NY 10104 US

Title: ASEC

Name: DIVONE, FRANCESCA

1290 AVENUE OF THE AMERICAS Address: NEW YORK, NY 10104 US City-St-Zip:

Title: CFO

DZIADZIO, RICHARD Name:

1290 AVENUE OF THE AMERICAS Address: City-St-Zip: NEW YORK, NY 10104 US

Title: **EVP**

MARINO, CHARLES A Name:

Address: 1290 AVENUE OF THE AMERICAS

City-St-Zip: NEW YORK, NY 10104 US

Title:

Name: DE CASTRIES, HENRI 25 AVENUE MATIGNON Address: City-St-Zip: PARIS, FR 75008 FR

Title: **EVPT**

Name: BYRNE, KEVIN R

1290 AVENUE OF THE AMERICAS Address: City-St-Zip: NEW YORK, NY 10104 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCESCA DIVONE ASEC 03/16/2011