# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2000 8:00 am**
**Secretary of State**
04-26-2000 90097 023 ***150.00

DOCUMENT # 835058

1. Entity Name

~~JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COM~~

AXA RE PROPERTY & CASUALTY INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 200 CLARENDON ST., T28<br>P.O. BOX 854-1<br>BOSTON MA 02117<br>US | JOHN HANCOCK PLACE<br>P.O BOX 854-1<br>BOSTON MA 02117<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1209 Orange Street<br>Suite, Apt. #, etc. | 17 State Street<br>Suite, Apt. #, etc. |
| City & State: Wilmington, DE | City & State: New York, NY |
| Zip: 19801 Country: US | Zip: 10004 Country: US |

4. FEI Number 04-2482364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MOLONEY, THOMAS E<br>464 MARSHALL ST<br>HOLLISTON MA | ☒ Delete | P/CEO/D<br>Robert Lippincott III<br>123 Timber Ridge Rd.<br>Newtown, PA 18940 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STUDLEY, MICHAEL H.<br>22 SUMMITT DR.<br>HINGHAM MA | ☒ Delete | Exec VP/CFO/T/D<br>Thomas C. Pucci<br>56 Edgewood Ave.<br>Nutley, NJ 07110 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SWEENEY, PAUL L.<br>3 FAIR OAKS AVE<br>NEWTON MA | ☒ Delete | Sr. VP/Controller/D<br>John J. Leston<br>26 Marlpit Place<br>Middletown, NJ 07748 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, RICHARD<br>4 PARTRIDGE ST<br>MEDWAY MA | ☒ Delete | Sr. VP/Chief Actuary/D<br>Steven B. Goldberg<br>4024 Greentree Drive<br>Oceanside, NY 11572 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORGAN, KENDALL P.<br>19 BROOKWOOD ROAD<br>ATTLEBORO MA | ☒ Delete | VP/State Relations&Comp<br>Michael J. Sullivan<br>50 Berkeley Place<br>Massapequa, NY 11758 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEMIN, BARRY L.<br>19 SEARS ROAD<br>WAYLAND MA | ☒ Delete | Sr.VP/General Counsel/D<br>Dale A. Diamond<br>7 Riverdale Ave. East<br>Tinton Falls, NJ 07724 | ☐ Change ☐ Addition |

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael J. Sullivan 4-17-00 212-493-9364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Attachment

DOCUMENT # 835058

1. Entity Name

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AXA RE PROPERTY & CASUALTY INSURANCE COMPANY

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D10037555

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1209 Orange Street | 17 State Street |
| Suite, Apt. #, etc | Suite, Apt #, etc. |
| City & State: Wilmington, DE | City & State: New York, NY |
| Zip: 19801 Country: US | Zip: 10004 Country: US |

4. FEI Number 04-2482364 ☐ Applied Fo ☐ Not Applic

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 |
|---|---|
| INSURANCE COMMISSIONER OF FLORIDA<br>CAPITOL BLDG<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Added to Fe

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MOLONEY, THOMAS E<br>464 MARSHALL ST<br>HOLLISTON MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. VPHuman Resources/O<br>Marybeth Reynolds<br>17 State Street<br>New York, NY 10004 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STUDLEY, MICHAEL H.<br>22 SUMMITT DR.<br>HINGHAM MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPIns. Operations/O<br>William Taylor<br>7637 Saxony Drive<br>Fairless Hill, PA 19030 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SWEENEY, PAUL L.<br>3 FAIR OAKS AVE<br>NEWTON MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. VP/ Fin.Reporting/O<br>Michael Brennan<br>17 State Street<br>New York, NY 10004 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, RICHARD<br>4 PARTRIDGE ST<br>MEDWAY MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. VP/ Operations/O<br>George Lavigne<br>17 State Street<br>New York, NY 10004 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORGAN, KENDALL P.<br>19 BROOKWOOD ROAD<br>ATTLEBORO MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. VP/ Underwriting/O<br>Joscelin Burrer<br>17 State Street<br>New York, NY 10004 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEMIN, BARRY L.<br>19 SEARS ROAD<br>WAYLAND MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jean--Pierre Benoit<br>29 rue Danton<br>92300 Levallois Perrey France | ☒ Change ☐ |

13. 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 infor 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 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 11 or Bl changed, or on an attachment with an address, with all other like empowered.

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DOCUMENT# 835058

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INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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SIGNATURE _____ (NOTE: Registered Agent signature required in the following) DATE

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**After MAY 1, 2000 Fee will be $550.00**
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11. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MOLONEY, THOMAS E<br>464 MARSHALL ST<br>HOLLISTON MA | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STUDLEY, MICHAEL H.<br>22 SUMMITT DR.<br>HINGHAM MA | ☒ Delete |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, RICHARD<br>4 PARTRIDGE ST<br>MEDWAY MA | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORGAN, KENDALL P.<br>19 BROOKWOOD ROAD<br>ATTLEBORO MA | ☒ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEMIN, BARRY L.<br>19 SEARS ROAD<br>WAYLAND MA | ☒ Delete |

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>James R. Cameron<br>140 High Street<br>Hastings-on-Hudson,NY 10706 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Frederick H. Hauck<br>7918 Turncrest Drive<br>Potomac, MD | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rodolphe E. Hottinger<br>2 Route De Veigy 1246<br>Corsier, Geneva | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jean Marie Nessi<br>17 Rue du Haut des Petit Bois<br>78600 Maisons La FitteFrance | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Thomas Reese<br>457 Lurgan Road<br>New Hope,PA 18938 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jerry M. de St Paer<br>99 Fairmount Ave<br>Chatham, NJ | |

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SIGNATURE _____ DATE

(Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent's signature required for registered agent changes.)

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STUDLEY, MICHAEL H.<br>22 SUMMITT DR.<br>HINGHAM MA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
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