

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 835058

1. Entity Name
**AXA RE PROPERTY AND CASUALTY INSURANCE
COMPANY**



Principal Place of Business
**1209 ORANGE ST
WILMINGTON, DE 19801 US**

Mailing Address
**17 STATE STREET
NEW YORK, NY 10004-1501 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000388320
01/18/06-80040-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CHAVEL, FRANCOIS 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILCHER, SUSAN B 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD LESTON, JOHN J 26 MARLPIT PLACE MIDDLETOWN, NJ 07748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCA GOLDBERG, STEVEN B 4024 GREENTREE DR OCEANSIDE, NY 11572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC DIAMOND, DALE A 7 RIVERDALE AVE E TINTON FALLS, NJ 07724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Susan B. Wilcher

1/9/06
Date

(212) 658-8772
Daytime Phone #