

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90088 031 ***150.00

DOCUMENT # 835058		
1. Entity Name AXA RE PROPERTY AND CASUALTY INSURANCE COMPANY		

40009843



01232007 Chg-P CR2E034 (12/06)

Principal Place of Business 1209 ORANGE ST WILMINGTON, DE 19801 US	Mailing Address 17 STATE STREET NEW YORK, NY 10004-1501 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 04-2482364	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CHAVEL, FRANCOIS 17 STATE STREET NEW YORK, NY 10004 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILCHER, SUSAN B 17 STATE STREET NEW YORK, NY 10004 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD LESTON, JOHN J 26 MARLPIT PLACE MIDDLETOWN, NJ 07748 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCA GOLDBERG, STEVEN B 4024 GREENTREE DR OCEANSIDE, NY 11572 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC DIAMOND, DALE A 7 RIVERDALE AVE E TINTON FALLS, NJ 07724 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHERER, ALEXANDRE 17 STATE STREET NEW YORK, NY 10004 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Susan B. Wilcher</u>	Date: <u>2/2/07</u>	Daytime Phone: <u>(212) 658-8772</u>
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