2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 841425

1. Entity Name
AXA RE AMERICA INSURANCE COMPANY

FILED
04 NOV -8 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1209 ORANGE ST WILMINGTON, DE 19801	17 STATE ST NEW YORK, NY 10004

10222004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-1590940 ☐ Applied For ☐ Not Applicable

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) 100042567971 City FL Zip Code 11708/04--01064--011 **750.00

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 $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO LIPPINCOTT, ROBERT III 123 TIMBER RIDGE RD NEWTOWN, PA 18940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/C/D Chavel, Francois 17 State Street New York, NY 10004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO PUCCI, THOMAS C 56 RIDGEWOOD AVE NUTLEY, NJ 07110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Scherer, Alexandre 17 State Street New York, NY 10004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LESTON, JOHN J. 26 MARLPIT PLACE MIDDLETOWN, NJ 07748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D Leston, John J. 17 State Street New York, NY 10004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP GOLDBERG, STEVEN B 4024 GREENTREE DR OCEANSIDE, NY 11572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Goldberg, Steven B. 17 State Street New York, NY 10004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSR SULLIVAN, MICHAEL J 50 BERKELEY PLACE MASSAPEQUA, NY 11758	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/V/D Wilcher, Susan B. 17 State Street New York, NY 10004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP DIAMOND, DALE A 7 RIVERDALE AVE E EATONTOWN, NJ 07724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Diamond, Dale A. 17 State Street New York, NY 10004	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Sr. Vice President & Secretary 6/25/04 (212) 658-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #