

# FD1000003243

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

6/14

MJH

SUBJECT: AXA Corporate Solutions Life Reinsurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria Quartarno

(Name of Person)

AXA Corporate Solutions Life Reinsurance Company

(Firm/Company)

17 State Street

(Address)

New York, NY 10004-1501

(City/State and

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-06/15/01--01015--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

For further information concerning this matter, please call:

Maria Quartarno

(Name of Person)

at ( 212 493-9331

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

01 JUN 14 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

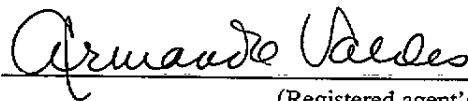
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AXA Corporate Solutions Life Reinsurance Company  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 04-2729166  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 20, 1981 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. "Upon Qualification"  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1209 Orange Street, Wilmington, Delaware 19801  
(Principal office address)  
17 State Street, New York, NY 10004-1501  
(Current mailing address)
8. To do : Life; Accident & Health Insurance Business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: C T Corporation System  
Office Address: 1200 S. Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

**ARMANDO VALDES**  
**Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Lippincott III

Address: 17 State Street

New York, NY 10004-1501

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Michael Pado

Address: 17 State Street

New York, NY 10004-1501

Director: Thomas Pucci

Address: 17 State Street

New York, NY 10004-1501

B. OFFICERS

President: Michael Pado

Address: 17 State Street

New York, NY 10004-1501

Vice President: Michael Sullivan

Address: 17 State Street

New York, NY 10004-1501

Secretary: Marybeth Reynolds

Address: 17 State Street, New York, NY 10004-1501

Treasurer: Cheryl Rogers, Chief Financial Officer

Address: 17 State Street, New York, NY 10004-1501

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Sullivan

(Typed or printed name and capacity of person signing application)

**AXA CORPORATE SOLUTIONS**  
**LIFE REINSURANCE COMPANY**  
**17 STATE STREET, NEW YORK, NY 10004-1501**

**OFFICERS AS OF 4/1/2001**

ROBERT LIPPINCOTT III	CHAIRMAN
MICHAEL PADO	PRESIDENT, CUO
THOMAS PUCCI	CHIEF EXECUTIVE OFFICER
MICHAEL SAKOULAS	SR. VICE PRESIDENT
CHERYL ROGERS	SR. VICE PRESIDENT, CFO
VICTOR BUENAVIDES	VICE PRESIDENT
JOSEE DE ROY	VICE PRESIDENT
FRANKLIN C. CLAPPER JR.	VICE PRESIDENT & CORP. ACTUARY
KARL MARTONE	VP BUSINESS PLAN. & MARKET DEVEL.
MICHAEL SULLIVAN	VP STATE RELATIONS & COMPLIANCE
JOSEPHINE PAGNOZZI	V P REINSURANCE SERVICES
DONNA JARVIS	VICE PRESIDENT
PETER PHILLIPS	VICE PRESIDENT
MARYBETH REYNOLDS	VP HUMAN RESOURCES & ADMIN. & SECRETARY

**DIRECTORS AS OF 4/1/2001**

ROBERT LIPPINCOTT	THOMAS PUCCI
JAMES CAMERON	THOMAS REESE
THIERRY DOBOIS	JEAN MARIE NESSI
FREDERICK HAUCK	PIERRE DUCORPS
AARON STERN	

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2001.



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

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AUTHENTICATION: 1174927

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DATE: 06-06-01