

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03070

FILED
Mar 16, 2011
Secretary of State

Entity Name: AXA EQUITABLE LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

1675 BROADWAY, STE. 1700
DENVER, CO 80202 US

New Principal Place of Business:

Current Mailing Address:

1290 AVENUE OF THE AMERICAS
ATTN: S. STERLING
NEW YORK, NY 10104 US

New Mailing Address:

FEI Number: 13-3198083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOLGAST, DONALD
9130 SOUTH DADELAND BLVD
SUITE 1400
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MARINO, CHARLES
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: ASEC
Name: DIVONE, FRANCESCA
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: COB
Name: DZIADZIO, RICHARD
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: SVP
Name: BLITZ, HARVEY
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: D
Name: MCMAHON, ANDREW
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: EVPT
Name: BYRNE, KEVIN R
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCESCA DIVONE

ASEC

03/16/2011

Electronic Signature of Signing Officer or Director

Date