

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P04477 (6)

1. Corporation Name

AXA REINSURANCE COMPANY



Principal Place of Business

17 STATE STREET
30TH FLOOR
NEW YORK NY 10004-8501

Mailing Address

17 STATE STREET
30TH FLOOR
NEW YORK NY 10004-8501

3. Date Incorporated or Qualified
12/26/1984

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

36-2994662

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LIPPINCOTT, ROBERT III
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME BUDD, GEORGE A.
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME MCGRATH, KAREN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME PUCCI, THOMAS C.
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EXCOFFIER, CHRISTIAN
STREET ADDRESS 40 RUE DU COUSEE
CITY-ST-ZIP PARIS, FRANCE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BEBEAR, CLAUDE
STREET ADDRESS 23 AVENUE MATIGNON
CITY-ST-ZIP PARIS, FRANCE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Pucci, Sr. VP & CEO

4/15/96

212 493 - 9339

Date

Daytime Phone *

CR2E034 (12/95)

PO4477

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AXA Reinsurance Company

Officers

Robert Lippincott III	President & CEO	17 State St., NY.,NY
George Budd	Sr. VP, Underwriting	"
Karen McGrath	VP Underwriting	"
Rogers French	VP Underwriting	"
Thomas C. Pucci	Sr. VP, Financial	"
Alice Cathrall	Sr. VP, Casualty Fac.	"
Robert Chirichella	Sr. VP, Property Fac.	"
Vincent Villani	VP Property Fac.	"
Stafford Hay	VP Casualty Fac.	"
John J. Leston	VP and Comptroller	"
Dale Diamond	Sr. VP, Claims	"
Steven Goldberg	VP, Actuary	"

Directors

Jean-Marie Nessie	Chairman	39, rue du Colisee 75008 Paris, France
Christian Excoffier	Director	39, rue du Colisee 75008 Paris, France
Jean Pierre Hellebuyck	Director	39, rue du Colisee 75008 Paris, France

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Robert Lippincott III	Director	17 State Street New York, NY 10004
Thomas C. Pucci	Director	17 State Street New York, NY 10004
James Cameron	Director	805 3rd Street New York, NY
Jean Zutter	Director	5630 E. Binghampton Dr Tucson, Arizona
James Barrett	Director	4800 Montgomery Lane Bethesda, MD

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