

FILE NGW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 31 1997 8:00am
Secretary of State

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 10004-1501



3. Date Incorporated or Qualified 12/26/1984
3a. Date of Last Report 04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

10. Name and Address of New Registered Agent

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

TITLE	P	DELETE
NAME	LIPPINCOTT, ROBERT III	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	DELETE
NAME	BUDD, GEORGE A.	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	DELETE
NAME	MCGRATH, KAREN	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	DELETE
NAME	PUCCI, THOMAS C.	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	DELETE
NAME	EXCOFFIER, CHRISTIAN	
STREET ADDRESS	40 RUE DU COLISEE	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, President & CEO	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Sr VP, Treasurer & Secy-CFO	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Director	Change	Addition
5.2 NAME	Jean Marie Nessi		
5.3 STREET ADDRESS	39 rue du Colisee		
5.4 CITY-ST-ZIP	75008 Paris, France		
6.1 TITLE	Sr. VP & Controller	Change	Addition
6.2 NAME	Leston, John J.		
6.3 STREET ADDRESS	17 State Street		
6.4 CITY-ST-ZIP	New York, NY		

14. I do 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 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

Date

1/18/97

Daytime Phone

212-493-9300

0004706

CR2E034 (9/96)