


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04477		(6)		1998 JAN - 6 P 1:10	
1. Corporation Name AXA REINSURANCE COMPANY		AXA RE			

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/26/1984	
4. FEI Number 36-2994662		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO LIPPINCOTT, ROBERT III 17 STATE STREET NEW YORK NY <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUDD, GEORGE A. 17 STATE STREET NEW YORK NY <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGRATH, KAREN 17 STATE STREET NEW YORK NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUCCI, THOMAS C. 17 STATE STREET NEW YORK NY <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Vice President Miller, Claude 17 State Street New York, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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]
SIGNATURE REQUIRED

CR2E034 (10/97)

AXA REINSURANCE COMPANY
OFFICERS AND DIRECTORS

OFFICERS

Robert Lippincott III	Chairman of the Board, President and Chief Executive Officer
Thomas C. Pucci	Executive Vice President, Chief Financial Officer, Treasurer and Secretary
John Joseph Leston	Senior Vice President and Controller
Dale Albert Diamond	Senior Vice President and General Counsel
Steven Bernard Goldberg	Senior Vice President and Chief Actuary
George Arnold Budd	Senior Vice President
Alice Ray Cathrall	Senior Vice President
Robert Steven Chirichella	Senior Vice President
Christiane de Bondy	Vice President
Joseph Andrew D'Ammore	Vice President
Rogers Ronald French	Vice President
Stafford Thomas Hay	Vice President
Claude William Miller	Vice President
Karen Ruth McGrath	Vice President
Vincent Ugo Villani	Vice President

Directors

Jean Pierre Benoit	James Rowan Cameron	Gerard de la Martinere
Frederick Hamilton Hauck	Jean Pierre Hellebuyck	Rodolphe Eric Hottinger
Robert Lippincott III	Jean-Marie Nessi	Thomas Charles Pucci
Jean Daniel Zutter		

AXA Reinsurance Company
17 State Street
New York, NY 10004-1501