

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 013 ***150.00

DOCUMENT # P04477

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1984

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 owes the current year Intangible
Personal Property Tax. ☐ 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	CEO	<input type="checkbox"/> DELETE
NAME	LIPPINCOTT, ROBERT III	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BUDD, GEORGE A.	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCGRATH, KAREN	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	PUCCI, THOMAS C.	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, CLAUDE	
STREET ADDRESS	17 STATE STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Zutter, Jean	
STREET ADDRESS	5630 E. Binghampton Dr.	
CITY-ST-ZIP	Tucson, AZ 85712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Guillaumie, Jean Paul	
1.3 STREET ADDRESS	17 rue de Chazelles	
1.4 CITY-ST-ZIP	75017 Paris France	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael	
2.3 STREET ADDRESS	17 State Street	
2.4 CITY-ST-ZIP	New York, NY 10004	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/2/99

212-493-9364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Sullivan VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (1/98)