

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90056 011 ***150.00

DOCUMENT # P04477

1. Entity Name
**AXA CORPORATE SOLUTIONS 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**

44004340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-2994662

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LIPPINCOTT, ROBERT III
17 STATE STREET
NEW YORK, NY** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/Dir
Francois Chavel
17 State Street
New York, NY 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
CHIRICHELLA, ROBERT
17 STATE ST
NEW YORK, NY 100041501** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/Sec/Dir
Susan Wilcher
17 State Street
New York, NY 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVCF
LESTON, JOHN J
17 STATE STREET
NEW YORK, NY 10004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/CFO/Sr VP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
PUCCI, THOMAS C.
17 STATE STREET
NEW YORK, NY** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr VP/Dir
Dale Diamond
17 State Street
New York, NY 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPC
ASSENNATO, VINCENT
17 STATE STREET
NEW YORK, NY 10004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SULLIVAN, MICHAEL
17 STATE STREET
NEW YORK, NY 10004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr VP
Steven Goldberg
17 State Street
New York, NY 10004** ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Leston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. LESTON

Date

1/7/04

Daytime Phone #

**(212)
493-9350**

EL658579770US

1/24/04