


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04477</b>	
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
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2994662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P.O. 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD CHAVEL, FRANCOIS 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD WILCHER, SUSAN 17 STATE ST NEW YORK, NY 100041501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPC LESTON, JOHN J 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD DIAMOND, DALE 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC ASSENATO, VINCENT 17 STATE STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GOLDBERG, STEVEN 17 STATE STREET NEW YORK, NY 10004

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01/25/05-80007-013 150.00

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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.

<b>SIGNATURE:</b> 	Susan B Wilcher 1/19/05 (212) 658-8772
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>