2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04477

1. Entity Name

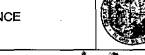
AXA CORPORATE SOLUTIONS REINSURANCE

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

FILED
Jan 13, 2006 08:00 AM
Secretary of State



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-2994662 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER P.O. 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399

DO NOT WRITE

The above named entity submits this statement for the p the obligations of registered agent.	purpose of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	If applicable (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000386022 01/18/06-80040-023 150.00

IIILE CEOD NAME CHAVEL, FRANCOIS 17 STATE STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10004 VPSD WILCHER, SUSAN NAME STREET ADDRESS 17 STATE ST CITY-ST-ZIP NEW YORK, NY 100041501 ΠIF NAME LESTON, JOHN J STREET ADDRESS 17 STATE STREET CITY-ST-7/P NEW YORK, NY 10004 TITLE DIAMOND, DALE NAME 17 STATE STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10004 ASSENNATO, VINCENT NAME STREET ADDRESS 17 STATE STREET CITY-ST-ZIP NEW YORK, NY 10004 TITLE NAME GOLDBERG, STEVEN STREET ADDRESS 17 STATE STREET CITY-ST-7IP NEW YORK, NY 10004

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empswered 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 empswered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1 10

(212) 658-8772

Daytime Phone #