

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000386022
01/18/06-80040-023 150.00**

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**

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan B. Wilcher

1/9/06
Date

(212) 658-8772
Daytime Phone #