

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90035 017 ***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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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, 2008 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 PD
NAME SCHERER, ALEXANDRE ☐ Delete
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK, NY 10004

TITLE ☒ Change ☒ Addition
NAME REID, HELEN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK, NY 10004

TITLE VPSD
NAME WILCHER, SUSAN ☐ Delete
STREET ADDRESS 17 STATE ST
CITY-ST-ZIP NEW YORK, NY 100041501

TITLE ☒ Change ☒ Addition
NAME BADO, JOHN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK, NY 10004

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

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

TITLE D ☒ Delete
NAME DIAMOND, DALE
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK, NY 10004

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

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

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

TITLE SVP ☐ Delete
NAME GOLDBERG, STEVEN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK, NY 10004

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

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

Date

3/14/08

Daytime Phone #

(212) 658-8772