


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P20208 1. Entity Name AXA ART INSURANCE CORPORATION	
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Principal Place of Business 4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US	Mailing Address 4 WEST 58TH ST 8TH FLOOR NEW YORK, NY 10019-2515 US
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3368745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

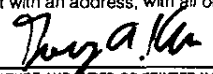
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000918415 05/13/08-80081-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, CHRISTIANE 04-74 48TH AVE. APT. 21 AB LONG ISLAND CITY, NY 11109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERR, GARY 232 FENDALE STREET FRANKLIN SQUARE, NY 11010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIEFENHAUSER, ERNEST A 6 KINGS LANE MONTROSE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FISCHER, CHRISTIANE 04-74 48TH AVENUE, APT 21A/B LONG ISLAND CITY, NY 11109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUIS, PRYCE K 628 SANTA MONICA BOULEVARD, APT. 407 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADRIGAL, BARBARA 1505 ST LAWRENCE AVENUE BRONX, NY

**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:  **4/15/08** **(212) 415-8462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #