

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34145

1. Entity Name

AXA GLOBAL RISKS US INSURANCE COMPANY

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90036 011 ***150.00

Principal Place of Business Mailing Address
ONE SEAPORT PLAZA ONE SEAPORT PLAZA
199 WATER STREET- 8TH FLOOR 199 WATER STREET- 8TH FLOOR
NEW YORK NY 10038 NEW YORK NY 10038-3526

004400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 13-3594502 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNEGUY, REROLLE		NAME		
STREET ADDRESS	199 WATER ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLETT, THURSTON J.		NAME		
STREET ADDRESS	199 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERVASIO, THOMAS R		NAME	Salomone, Robert	
STREET ADDRESS	199 WATER STREET		STREET ADDRESS	199 Water Street	
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	New York, NY 10038	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLEN, WILLARD B.		NAME		
STREET ADDRESS	199 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAXMAN, DEBRA		NAME	Kelleher, William J., Jr.	
STREET ADDRESS	199 WATER STREET		STREET ADDRESS	199 Water Street	
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP	New York, NY 10038	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGER, JONH		NAME		
STREET ADDRESS	199 WATER ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10038		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thurston J. Millett **Thurston J. Millett, Exec. VP** 1/13/00 (212) 412-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)