

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90003 009 ***150.00

DOCUMENT # P34145

1. Entity Name

AXA GLOBAL RISKS US INSURANCE COMPANY

Principal Place of Business

**ONE SEAPORT PLAZA
 199 WATER STREET- 8TH FLOOR
 NEW YORK NY 10038**

Mailing Address

**ONE SEAPORT PLAZA
 199 WATER STREET- 8TH FLOOR
 NEW YORK NY 10038**

014792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3594502**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA STATE INSURANCE COMMISSIONER
 THE CAPITAL BUILDING
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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** ☐ Delete
 NAME **TANNEGUY, REROLLE**
 STREET ADDRESS **199 WATER ST**
 CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **EVP/TREASURER/DIRECTOR** ☒ Change ☐ Addition
 NAME **Haskowitz, Howard**
 STREET ADDRESS **199 Water Street**
 CITY-ST-ZIP **New York, NY 10038**

TITLE **VD** ☐ Delete
 NAME **MILLET, THURSTON J.**
 STREET ADDRESS **199 WATER STREET**
 CITY-ST-ZIP **NEW YORK NY**

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

TITLE **V** ☐ Delete
 NAME **SALOMONE, ROBERT**
 STREET ADDRESS **199 WATER STREET**
 CITY-ST-ZIP **NEW YORK NY 10038**

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

TITLE **V** ☐ Delete
 NAME **WALLEN, WILLARD B.**
 STREET ADDRESS **199 WATER STREET**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Judovin, Steven**
 STREET ADDRESS **199 Water Street**
 CITY-ST-ZIP **New York, NY 10038**

TITLE **VS** ☐ Delete
 NAME **KELLEHER, WILLIAM J JR.**
 STREET ADDRESS **199 WATER STREET**
 CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Wilcher, Susan**
 STREET ADDRESS **199 Water Street**
 CITY-ST-ZIP **New York, NY 10038**

TITLE **V** ☐ Delete
 NAME **GALLAGER, JONH**
 STREET ADDRESS **199 WATER ST**
 CITY-ST-ZIP **NEW YORK NY 10038**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)