CR2E034 (9/01

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P34145 1. Entity Name **AXA CORPORATE SOLUTIONS INSURANCE COMPANY** 04-15-2002 90069 020 ***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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3594502 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITAL BUILDING TALLAHASSEE FL 32301 City 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 who HAND IN PATE OF BED STATE OF STATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 使用点的变体 组。在如此時期的問題即們的 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ake Check Payable to Department of State 11. OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VTD TITLE ☐ Change Addition NAME TANNEGUY, REPOLLE NAME George A. Budd STREET ADDRESS STREET ADDRESS 199 WATER ST 199 Water Street CITY-ST-ZIF **NEW YORK NY 10038** CITY-ST-ZIP Niw York, NY 10038 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MILLETT, THURSTON J. STREET ADDRESS STREET ADDRESS 199 WATER STREET CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME SALOMONE, ROBERT NAME STREET ADDRESS STREET ADDRESS 199 WATER STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10038 TITLE Delete TITLE VT Addition ☐ Change NAME Wallen, Willard B. Stephen G. Nolet STREET ADDRESS 199 WATER STREET STREET ADDRESS 199 Water Street " CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** winew York, NY 10038 TITLE ☐ Change Addition NAME KELLEHER, WILLIAM J JR. Susan B. Wilcher STREET ADDRESS 199 WATER STREET STREET ADDRESS 199 Water Street CITY-ST-ZIP **NEW YORK NY 10038** CITY-ST-ZIP TITLE TITLE Addition V NAME Gallager, Jonh NAME Shashi Galav 199 WATER ST STREET ADDRESS STREET ADDRESS 199 Water Street 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 119.0/(3/li), 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.

Date

Daytime Phone #