

P34145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800064636918

*Name
Change
Amend*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN 27 PM 12:56

FILED

01/27/06--01048--011 **35.00

*ADR
2/1/06*



January 25, 2006

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Name
AXA Corporate Solutions Insurance Company to
AXA Insurance Company

Dear Sir or Madam:

AXA Corporate Solutions Insurance Company has changed its name to AXA Insurance Company. Our state of domicile approved the new name, effective December 7, 2005, and issued a new Certificate of Authority. To change our name in Florida, the following items are attached:

Our check for \$35

Cover Letter

Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida

A Certificate of Compliance from the New York Insurance Department in our new name

We are not aware of any insurer that objects to our proposed name due to deceptiveness and/or similarity of the proposed name. All AXA companies are members of the AXA Group. The use of the AXA name is to promote brand name recognition. None of the other AXA companies object to our use of the name "AXA Insurance Company".

Once we receive the Certificate of Status, we will submit a name change application to the Florida Department of Financial Services

Very truly yours,

Linda Gross

Linda Gross

Assistant Vice President

Tel: (212) 658-8743

FAX: (212) 658-8780

Linda.Gross@AXA-Liabilitiesmanagers.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXA Corporate Solutions Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Gross

(Name of Contact Person)

AXA Liabilities Managers

(Firm/Company)

17 State Street

(Address)

New York, NY 10004

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Gross

(Name of Contact Person)

at (212) 658-8743

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

06 JAN 27 PM 12:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document number of corporation (if known))

1. AXA Corporate Solutions Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. New York

(Incorporated under laws of)

3. March 4, 1998

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? December 7, 2005

5. AXA Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

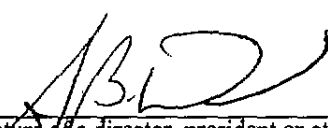
N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Susan B. Wilcher

(Typed or printed name of person signing)

SVP, General Counsel & Secretary

(Title of person signing)

CERTIFICATE OF COMPLIANCE - DOMESTIC

STATE OF NEW YORK
INSURANCE DEPARTMENT

It is hereby certified that

AXA INSURANCE COMPANY

of New York, New York

is duly organized under the laws of this state, and is authorized to issue policies and transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance, as specified in paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended) as authorized by Section 4102(c), insurance of every kind or description outside of the United States and reinsurance of every kind or description with a paid up capital of FIVE MILLION DOLLARS (\$5,000,000.00).



In Witness Whereof, I have hereunto set my hand and
affixed the official seal of this Department at the
City of Albany, New York, this

31st day of December, 2005

HOWARD MILLS

Superintendent

BY

Special Deputy Superintendent