


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 042 ***150.00

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|---|---|
| DOCUMENT # P34145 1. Entity Name AXA INSURANCE COMPANY |  |
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| Principal Place of Business 17 STATE STREET NEW YORK, NY 10004 | Mailing Address 17 STATE STREET NEW YORK, NY 10004 |
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60011933

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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01232007 Chg-P CR2E034 (12/06)

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| 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 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD CHAVEL, FRANCOIS 17 STATE STREET NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHERER, ALEXANDRE 17 STATE STREET NEW YORK, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD JUDOVIN, STEVEN 17 STATE STREET NEW YORK, NY 10004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FANLETT, WILLIAM 17 STATE STREET NEW YORK, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVTD LESTON, JOHN J 17 STATE STREET NEW YORK, NY 10004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS WILCHER, SUSAN B 17 STATE STREET NEW YORK, NY 10004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Susan B. Wilcher **2/2/07 (212) 658-8772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #