

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90035 019 ***150.00

DOCUMENT # P34145

1. Entity Name
AXA INSURANCE COMPANY



Principal Place of Business
**17 STATE STREET
NEW YORK, NY 10004**

Mailing Address
**17 STATE STREET
NEW YORK, NY 10004**

50000608



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008

Chg-P

CR2E034 (12/06)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
JUDOVIN, STEVEN
17 STATE STREET
NEW YORK, NY 10004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
AMIRATA, PAUL
17 STATE STREET
NEW YORK, NY 10004 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVTD
LESTON, JOHN J
17 STATE STREET
NEW YORK, NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WOLF, ROBERT
17 STATE STREET
NEW YORK, NY 10004 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
WILCHER, SUSAN B
17 STATE STREET
NEW YORK, NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HILBRECHT, CHRISTIAN
17 STATE STREET
NEW YORK, NY 10004 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHERER, ALEXANDRE
17 STATE ST
NEW YORK, NY 10004 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FAWCETT, WILLIAM
17 STATE ST
NEW YORK, NY 10004 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

(212) 658-8772
Daytime Phone #