

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34145

FILED
Feb 27, 2009
Secretary of State

Entity Name: AXA INSURANCE COMPANY

Current Principal Place of Business:

17 STATE STREET
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

17 STATE STREET
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-3594502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: AMIRATA, PAUL
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: SVTD () Delete
Name: LESTON, JOHN J
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: SVPS () Delete
Name: WILCHER, SUSAN B
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: PD () Delete
Name: SCHERER, ALEXANDRE
Address: 17 STATE ST
City-St-Zip: NEW YORK, NY 10004

Title: V () Delete
Name: WOLF, ROBERT
Address: 175 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: V () Delete
Name: HILBRECHT, CHRISTIAN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVTD (X) Change () Addition
Name: THAWANI, ARJUN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WOLF, ROBERT
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN B. WILCHER

SVPS

02/27/2009

Electronic Signature of Signing Officer or Director

Date