

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34145

FILED
Feb 10, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHERER, ALEXANDRE
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: SVTD
Name: THAWANI, ARJUN
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

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

Title: V
Name: HILBRECHT, CHRISTIAN
Address: 17 STATE ST
City-St-Zip: NEW YORK, NY 10004

Title: V
Name: WOLF, ROBERT
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

Title: V
Name: VILANOVA, MARC
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

I hereby 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 all other like empowered.

SIGNATURE: LINDA GROSS

AVP

02/10/2011

Electronic Signature of Signing Officer or Director

Date