

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20208

Entity Name: AXA ART INSURANCE CORPORATION**Current Principal Place of Business:**3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001**Current Mailing Address:**3 WEST 35TH STREET, 11TH FLOOR
NEW YORK, NY 10001 US**FEI Number:** 13-3368745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title	P
Name	FISCHER, CHRISTIANE
Address	04-74 48TH AVE. APT. 21 AB
City-State-Zip:	LONG ISLAND CITY NY 11109

Title	T
Name	RIEFENHAUSER, ERNEST A
Address	7 GRACE LANE
City-State-Zip:	CORTLANDT MANOR NY 10567

Title	S
Name	KERR, GARY
Address	83-75 WOODHAVEN BOULEVARD 1N
City-State-Zip:	WOODHAVEN NY 11421

Title	CEO
Name	FISCHER, CHRISTIANE
Address	04-74 48TH AVENUE, APT 21A/B
City-State-Zip:	LONG ISLAND CITY NY 11109

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: GARY A. KERR**CORPORATE
SECRETARY****04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date