

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34145

**Entity Name:** AXA INSURANCE COMPANY**Current Principal Place of Business:**200 LIBERTY STREET  
22ND FLOOR  
NEW YORK, NY 10281**Current Mailing Address:**200 LIBERTY STREET  
22ND FLOOR  
NEW YORK, NY 10281 US**FEI Number:** 13-3594502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICE  
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:** CFO

01/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BROOKS, DAVID DOUGLAS  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: SATNFORD CA 05103

Title CFO  
Name WOLF, ROBERT  
Address 200 LIBERTY STREET  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR  
Name DIVIRGLIO, JAMES MICHAEL  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: STANFORD CT 05103

Title DIRECTOR  
Name NADEAU, DONNA MARIE  
Address 200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR  
Name NORRIS, JAMES MICHAEL  
Address 505 EAGLEVIEW BLVD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name TOCCO, JOSEPH ANTHONY  
Address 200 LIBERTY STREET  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR  
Name AGOSTA, STEVEN  
Address 70 SEAVIEW AVENUE  
SUITE 1650  
City-State-Zip: EXTON PA 19341

Title VP  
Name ULMER, EILEEN  
Address 200 LIBERTY STREET  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10281

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*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:** WINDY LAWRENCE**COMPLIANCE ANALYST** 01/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            GENERAL COUNSEL  
Name            LAWRENCE, WINDY  
Address        200 LIBERTY STREET  
                  22ND FLOOR  
City-State-Zip: NEW YORK NY 10281

Title            SECRETARY  
Name            PERKINS, TONI  
Address        70 SEAVIEW AVENUE  
City-State-Zip: STAMFORD CT 06902

Title            VP  
Name            CARINO, GABRIEL  
Address        100 WASHINGTON BLVD  
City-State-Zip: STAMFORD CT 06902

Title            SENIOR VICE PRESIDENT  
Name            MIMS, SARAH  
Address        505 EAGLEVIEW BLVD  
City-State-Zip: EXTON PA 19341