

2019 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

11/07/2019

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 ZIMMERMAN, TODD DAVID
Address 505 EAGLEVIEW BLVD
City-State-Zip: EXTON PA 19341

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

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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

GENERAL COUNSEL

11/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name FLORENCE, CAITLIN
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 GENERAL COUNSEL
Name GAGGI, CAROL ANN
Address 200 LIBERTY STREET
22ND FLOOR
City-State-Zip: NEW YORK NY 10281

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

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