

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90097 023 ***150.00

DOCUMENT # 835058

1. Entity Name

JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COM --

AXA RE PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

200 CLARENDON ST., T28
 P.O. BOX 854-1
 BOSTON MA 02117
 US

JOHN HANCOCK PLACE
 P.O BOX 854-1
 BOSTON MA 02117
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1209 Orange Street

3. Mailing Address

17 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilmington, DE

City & State

New York, NY

Zip

19801

Country

US

Zip

10004

Country

US

4. FEI Number

04-2482364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BLDG
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOLONEY, THOMAS E 464 MARSHALL ST HOLLISTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUDLEY, MICHAEL H. 22 SUMMITT DR. HINGHAM MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, PAUL L. 3 FAIR OAKS AVE NEWTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 4 PARTRIDGE ST MEDWAY MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, KENDALL P. 19 BROOKWOOD ROAD ATTLEBORO MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMIN, BARRY L. 19 SEARS ROAD WAYLAND MA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Robert Lippincott III 123 Timber Ridge Rd. Newtown, PA 18940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP/CFO/T/D Thomas C. Pucci 56 Edgewood Ave. Nutley, NJ 07110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Controller/D John J. Leston 26 Marlpit Place Middletown, NJ 07748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Chief Actuary/D Steven B. Goldberg 4024 Greentree Drive Oceanside, NY 11572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/State Relations&Comp Michael J. Sullivan 50 Berkeley Place Massapequa, NY 11758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr.VP/General Counsel/D Dale A. Diamond 7 Riverdale Ave. East Tinton Falls, NJ 07724	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael J. Sullivan

4-17-00

212-493-9364

2000 UNIFORM BUSINESS REPORT (UBR)

attachment

DOCUMENT # 835058

1. Entity Name
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AXA RE PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address
 200 CLARENDON ST., T28 JOHN HANCOCK PLACE
 P.O. BOX 854-1 P.O. BOX 854-1
 BOSTON MA 02117 BOSTON MA 02117
 US US

2. Principal Place of Business 3. Mailing Address
1209 Orange Street **17 State Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wilmington, DE **New York, NY**

Zip Country Zip Country
19801 **US** **10004** **US**

4. FEI Number **04-2482364** Applied For Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CD MOLONEY, THOMAS E 464 MARSHALL ST HOLLISTON MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD STUDLEY, MICHAEL H. 22 SUMMITT DR. HINGHAM MA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D SHEMIN, BARRY L. 19 SEARS ROAD WAYLAND MA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / Asst. VP Human Resources/ Marybeth Reynolds 17 State Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / VP Ins. Operations/ William Taylor 7637 Saxony Drive Fairless Hill, PA 19030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / Asst. VP/ Fin. Reporting/ Michael Brennan 17 State Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / Asst. VP/ Operations/ George Lavigne 17 State Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / Asst. VP/ Underwriting/ Joscelin Burrer 17 State Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> / D Jean-Pierre Benoit 29 rue Danton 92300 Levallois Perrey France

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D037555



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 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Wilmington, DE New York, NY

Zip Country Zip Country
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INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BLDG
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City FL Zip Code

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SIGNATURE _____ DATE _____
(Signature must be printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required on this statement)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMIN, BARRY L. 19 SEARS ROAD WAYLAND MA	<input checked="" type="checkbox"/> Delete

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN: Change

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James R. Cameron 140 High Street Hastings-on-Hudson, NY 10706	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick H. Hauck 7918 Turncrest Drive Potomac, MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodolphe E. Hottinger 2 Route De Veigy 1246 Corsier, Geneva	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean Marie Nessi 17 Rue du Haut des Petit Bois 78600 Maisons La Fitte France	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Reese 457 Lurgan Road New Hope, PA 18938	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry M. de St Paer 99 Fairmount Ave Chatham, NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/>

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2. Principal Place of Business 1209 Orange Street Suite, Apt. #, etc.	3. Mailing Address 17 State Street Suite, Apt. #, etc.
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City & State Wilmington, DE	City & State New York, NY
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INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BLDG
 TALLAHASSEE FL 32301

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 Street Address (P.O. Box Number is Not Acceptable)
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SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature not required for registration)

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEMIN, BARRY L. 19 SEARS ROAD WAYLAND MA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pierre-Marie Ducorps 100 Cus rue Raspail 92270 Bois Colombes France	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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D0037555

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