

# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2  
0676335

**DOCUMENT # 835058**

FILED

1. Entity Name  
**AXA RE PROPERTY AND CASUALTY INSURANCE COMPANY**

01 JAN 22 PM 4:45:

Principal Place of Business <b>1209 ORANGE ST WILMINGTON DE 19801 US</b>	Mailing Address <b>1209 ORANGE ST WILMINGTON DE 19801 US</b>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>04-2482364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED LIPPINCOTT III, ROBERT 123 TIMBER RIDGE RD NEWTOWN PA 18940</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVCT PUCCI, THOMAS C 56 EDGEWOOD AVE NUTLEY NJ 07110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCD LESTON, JOHN J 26 MARLPIT PLACE MIDDLETOWN NJ 07748</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCA GOLDBERG, STEVEN B 4024 GREENTREE DR OCEANSIDE NY 11572</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSRC SULLIVAN, MICHAEL J 50 BERKELEY PLACE MASSAPEQUA NY 11758</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC DIAMOND, DALE A 7 RIVERDALE AVE E TINTON FALLS NJ 07724</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>200003618062-6</b> <b>-01/31/01--01072--017</b> <b>****150.00 ****150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J. Sullivan* **1-09-01** **222-493-9264**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James R. Cameron 140 High Street Hastings-on-Hudson, NY 10706	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Frederick H. Hauck 7918 Turncrest Drive Potomac, MD	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rodolphe E. Hottinger 2 Route De Veigy 1246 Corsier, Geneva	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jean Marie Nessi 17 Rue du Haut des Petit Bois 78600 Maisons La Fitte France	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Thomas Reese 457 Lurgan Road New Hope, PA 18938	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jerry M. de St Paer 99 Fairmount Ave Chatham, NJ	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pierre-Marie Ducorps 100 Cus rue Raspail 92270 Bois Colombes France	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	<input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	<input type="checkbox"/>
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