

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90032 049 \*\*\*150.00

**DOCUMENT # 835058**

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

Principal Place of Business

**1209 ORANGE ST  
 WILMINGTON DE 19801  
 US**

Mailing Address

**1209 ORANGE ST  
 WILMINGTON DE 19801  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**17 State Street**

Suite, Apt. #, etc.

City & State

**New York, Ny 10004-1501**

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

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	<b>Chairman &amp; CEO Lippincott, Robert III 123 Timber Ridge Rd. Newtown, Pa 18940</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Pucci, Thomas 56 Ridgewood Ave. Nutley, NJ 07110</b>	<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
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:** SIGNATURE REQUIRED

1/23/02

212 493-9364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachments  
Document #  
83 5058

**OFFICERS AND DIRECTORS  
OF  
AXA RE PROPERTY & CASUALTY  
INSURANCE COMPANY**

3/9/02

**OFFICERS**

Robert Lippincott III	Chairman & CEO
Thomas Charles Pucci	President
John Joseph Leston, Sr.	Senior Vice President, CFO and Treasurer
Marybeth Reynolds	Vice President and Secretary
Steven Bernard Goldberg	Senior Vice President, Actuary
Dale Albert Diamond	Senior Vice President and General Counsel
Michael Joseph Sullivan	Vice President
William Vincent Taylor	Vice President
Claude Miller	Vice President & Controller
Joscelin Burrer	Vice President
Richard Palatini	Vice President
Alan Schapiro	Vice President
Anthony Urban	Executive Vice President

**DIRECTORS**

Robert Lippincott III  
Thomas Charles Pucci  
Jean-Maries Nessi  
Thomas Reese  
Rodolphe Eric Hottinger

Jean-Pierre Benoit  
James Rowan Cameron  
Pierre-Marie Ducorps  
Frederick Hamilton Hauck