

1.) CORPORATION NAME:

**AXA Equitable Life Insurance Company**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0000713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1290 AVENUE OF THE AMERICAS

CITY/ST/ZIP: NEW YORK, NY 10104

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ANDREW J MCMAHON TITLE: PRESIDENT ADDRESS: 1290 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KAREN FIELD HAZIN TITLE: VP/SEC/AGC ADDRESS: 1290 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DENISE TEDESCHI TITLE: AVP/AS ADDRESS: 1290 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BERTRAND POUPART-LEFARGE TITLE: EVP/TREAS ADDRESS: 1290 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Mark Pearson TITLE: COB/CEO ADDRESS: 1290 Avenue of the Americas CITY/ST/ZIP/CO: New York, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Anders Malmstrom TITLE: SVP/CFO ADDRESS: 1290 Avenue of the Americas CITY/ST/ZIP/CO: New York, NY 10104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Henri de Castries TITLE: DIRECTOR ADDRESS: 1290 Avenue of the Americas CITY/ST/ZIP/CO: New York , NY 10104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Denis Duverne TITLE: DIRECTOR ADDRESS: 1290 Avenue of the Americas CITY/ST/ZIP/CO: New York, NY 10104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KAREN FIELD HAZIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN FIELD HAZIN, VP/SEC/AGC PRINTED NAME AND CORPORATE TITLE	1/3/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		