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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AXA Equitable Life Insurance Company Political Action Committee (AXA PAC) 1290 Avenue of the Americas ADDRESS (number and street) (Check if address is changed) New York 10104 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Ao.Jiao@axa-equitable.com (Check if address is changed) Optional Second E-Mail Address josh,braverman@axa-equitable.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00161901 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Josh Braverman Type or Print Name of Treasurer Josh Braverman [Electronically Filed] 09 19 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	i aye Z				
Can	didate	idate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	idate Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)	Page <b>3</b>
Write or Type Con	mmittee Name	
AXA Equit	table Life Insurance Company Political Action Committee (A	AXA PAC)
<u> </u>	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	
AXA Equitabl	le Life Insurance Company	
NA-ilia y Aslalas -	1290 Avenue of the Americas	
Mailing Address		
	New York NY 10104	
	CITY STATE ZIP	CODE
Relationship:	✗ Connected Organization	ship PAC Sponsor
. Custodian of F books and reco	Records: Identify by name, address (phone number optional) and position of the person in possessords.	sion of committee
	Ao Jiao	ı
Full Name		
Mailing Address	34th Floor	
	Jersey City , NJ , 07310	
Title or Position	CITY STATE ZIP	CODE
Manager, Trea	asury Ac Telephone number 212 - 314	
	the name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
Full Name	Josh Braverman	1
of Treasurer	1290 Avenue of the Americas	
Mailing Address	S 1230 Avenue of the Americas	
	Many Varily	
	New York  CITY  STATE  ZIP	CODE
Title or Position Treasurer		
ı .		

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	Steven Sutter	<u> </u>				
Mailing Address	525 Washington Blvd.					
	34th Fir					
	New Jersey NJ 07310  CITY STATE ZI	P CODE				
Title or Position Assistant Treasu	urer Telephone number 74	7218				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
	Chase Manhattan Bank					
Mailing Address	110 West 52nd Street					
	New York NY 10019					
	CITY STATE ZI	IP CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE ZI	IP CODE				

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Update the Assistant Treasurer and Custodian of Records

Form/Schedule: Transaction ID: