

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/6/2016 11:46 AM EST

Confirmation Number: 1987

Amended Confirmation Number:

Employer Information

Name: AXA Equitable Life Insurance Company  
Address: 1290 Avenue of the Americas  
City: New York State: NY Zip Code: 10104

Plan Administrator Information

Name: AXA Equitable Human Resources, Benefits Strategy, Design and Delivery  
Address: 525 Washington Boulevard, 29th floor  
City: Jersey City State: NJ Zip Code: 07310  
Phone: 2017435499  
Email: sheila.labita@axa.us.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Nick Lane Severance and NQDC Benefit Letter dated August 18, 2016	Number of Employees: 1
ID:2	Plan Name:	Rino Piazzolla NQDC Benefit Letter dated August 18, 2016	Number of Employees: 1

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 1987. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.