

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0667589 AB

04-15-2003 90118 033 \*\*\*150.00

**DOCUMENT # 816186**

1. Entity Name  
**UBS PAINWEBBER LIFE INSURANCE COMPANY**



Principal Place of Business  
**601 SIXTH AVE.  
DES MOINES IA 50309**

Mailing Address  
**P.O. BOX 10  
DES MOINES IA 50301**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3219879** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerianne J. Silva* DATE 4/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SILVA, GERIANNE J 1000 HARBOR BLVD WEEHAWKWN NJ 07086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KELLEHER, KATHLEEN 1000 HARBOR BLVD WEEHAWKEN NJ 07086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SAFIR, RONALD 1000 HARBOR BLVD WEEHAWKEN NJ 07086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD MULHALL, JOHN W 1000 HARBOR BLVD WEEHAWKEN NJ 07086</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT 1200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCHOENFELD, ERIC 1000 HARBOR BLVD WEEHAWKEN NJ 07086</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHAIRMAN THOMAS STREIFF 1200 HARBOR BLVD WEEHAWKEN NJ 07086</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerianne J. Silva* DATE: 4/7/03 DAYTIME PHONE #: 201-352-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)