


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

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

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____ Sr. VP, Sec & Asst. Treasurer DATE March 25, 2004

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, 2004 Fee will be \$550.00

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

U00000104461
 04/06/04-80012-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILVA, GERIANNE J 1200 HARBOR BLVD WEEHAWKWN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEHER, KATHLEEN 1200 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAFIR, RONALD 1200 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULHALL, JOHN W 1200 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOENFELD, ERIC 1200 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STREIFF, THOMAS 1200 HARBOR BLVD WEEHAWKEN, NJ 07086

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Silva Sr. VP, Sec. & Asst. Treasurer (201) 352-6634 3/25/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #