

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816186

FILED
Apr 16, 2008
Secretary of State

Entity Name: UBS LIFE INSURANCE COMPANY USA

Current Principal Place of Business:

601 SIXTH AVE.
DES MOINES, IA 50309

New Principal Place of Business:

106 LONGWATER DRIVE
NORWELL, MA 02061

Current Mailing Address:

P.O. BOX 10
DES MOINES, IA 50301

New Mailing Address:

P.O. BOX 200
ACCORD, MA 02018

FEI Number: 22-3219879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: SILVA, GERIANNE J
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKWN, NJ 07086

Title: V () Delete
Name: VITIELLO, DORIS J
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: PD () Delete
Name: MULHALL, JOHN W
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: TD () Delete
Name: BAN, MICHAEL
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: SILVA, GERIANNE J
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PETERSON, DAVID
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: CD (X) Change () Addition
Name: BAN, MICHAEL
Address: 1200 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: TD () Change (X) Addition
Name: KINSKY, ROBERT A
Address: 1000 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERIANNE J. SILVA

VSD

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date