

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816186

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: UBS LIFE INSURANCE COMPANY USA

**Current Principal Place of Business:**

106 LONGWATER DRIVE  
NORWELL, MA 02061

**New Principal Place of Business:**

915 STATE STREET  
ERIE, PA 16501

**Current Mailing Address:**

P.O. BOX 200  
ACCORD, MA 02018

**New Mailing Address:**

P.O. BOX 1795  
ERIE, PA 16507

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: WEEHAWKEN, NJ 07086

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VS (X) Change ( ) Addition  
Name: WARRICK, LANCE A  
Address: 1200 HARBOR BLVD  
City-St-Zip: WEEHAWKEN, NJ 07086

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

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

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

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

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: LANCE A. WARRICK

S

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date