

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816186 (1)
 1. Corporation Name
PAINWEBBER LIFE INSURANCE COMPANY



Principal Place of Business 601 SIXTH AVE. DES MOINES IA 50309	Mailing Address P.O. BOX 10 DES MOINES IA 50301-0010
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3. Date Incorporated or Qualified 06/29/1962		3a. Date of Last Report 04/24/1996	
2. Principal Place of Business		4. FEI Number 22-3219879	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESS, DENNIS J.		1.2 NAME	
STREET ADDRESS 1200 HARBOR BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP WEEHAWKEN NJ 07087		1.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, PIERCE R		2.2 NAME	
STREET ADDRESS 1285 AVENUE OF THE AMERICAS		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10019		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BETHONY, ROBERT J		3.2 NAME	
STREET ADDRESS 1285 AVENUE OF THE AMERICAS		3.3 STREET ADDRESS 1200 Harbor Blvd.	
CITY-ST-ZIP NEW YORK NY 10019		3.4 CITY-ST-ZIP Weehawken NJ 07087	
TITLE VSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUCKER, RICHARD J.		4.2 NAME	
STREET ADDRESS 1200 HARBOR BLVD.		4.3 STREET ADDRESS Weehawken NJ 07087	
CITY-ST-ZIP WEEHAWKEN NJ		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Gerianne J. Silva	
STREET ADDRESS		5.3 STREET ADDRESS 1200 Harbor Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Weehawken NJ 07087	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Allan P. Golotko	
STREET ADDRESS		6.3 STREET ADDRESS 1200 Harbor Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Weehawken NJ 07087	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Tucker* **Richard J. Tucker** April 14, 1997 515-245-2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)