

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 06/29/1962	
4. FEI Number 22-3219879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HESS, DENNIS J.	
STREET ADDRESS	1200 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SILVA, GERIANNE J	
STREET ADDRESS	1200 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BETHONY, ROBERT J	
STREET ADDRESS	1200 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, RICHARD J.	
STREET ADDRESS	1200 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOLOTKO, ALLAN P	
STREET ADDRESS	1200 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/S/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert E. Bedritis
3.3 STREET ADDRESS	1200 Harbor Blvd
3.4 CITY-ST-ZIP	Weehawken NJ 07087
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Arthur M. Scutro, Jr.
4.3 STREET ADDRESS	1200 Harbor Blvd
4.4 CITY-ST-ZIP	Weehawken NJ 07087
5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Martin A. Swanson
5.3 STREET ADDRESS	1200 Harbor Blvd
5.4 CITY-ST-ZIP	Weehawken NJ 07087
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *Gerianne J. Silva* April 28, 1998 515-245-2001

CR2E034 (10/97)