4/25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-25-2001 90134 019 ***150.00
05-18-2001 91571 047 ***550.00

DOCUMENT # 816186

1. Entity Name
PAINEWEBBER LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
601 SIXTH AVE. DES MOINES IA 50309	P.O. BOX 10 DES MOINES IA 50301

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Gerianne J. Silva
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BEDRITIS, ROBERT E 1200 HARBOR BLVD. WEEHAWKEN NJ 07087	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Mulhall, John W 1000 Harbor Blvd Weehawken NJ 07087	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SILVA, GERIANNE J 1200 HARBOR BLVD WEEHAWKEN NJ 07087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1000 Harbor Blvd	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURPHY, MICHAEL J 1200 HARBOR BLVD WEEHAWKEN NJ 07087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1000 Harbor Blvd	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCUTRO, ARTHUR M JR. 1200 HARBOR BLVD. WEEHAWKEN NJ 07087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1000 Harbor Blvd	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerianne J. Silva Gerianne J. Silva April 17, 2001 (515) 245-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #