

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 017 ***150.00

DOCUMENT # 816186
 1. Entity Name
PAINWEBBER LIFE INSURANCE COMPANY

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

950784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3219879		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SILVA, GERIANNE J			NAME			
STREET ADDRESS	1000 HARBOR BLVD			STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURPHY, MICHAEL J			NAME	KATHLEEN KELLEHER		
STREET ADDRESS	1000 HARBOR BLVD			STREET ADDRESS	1000 HARBOR BLVD		
CITY-ST-ZIP	WEEHAWKEN NJ 07087			CITY-ST-ZIP	WEEHAWKEN, NJ 07086		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCUTRO, ARTHUR M JR.			NAME	RONALD SAFIR		
STREET ADDRESS	1000 HARBOR BLVD			STREET ADDRESS	1000 HARBOR BLVD		
CITY-ST-ZIP	WEEHAWKEN NJ 07087			CITY-ST-ZIP	WEEHAWKEN NJ 07086		
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULHALL, JOHN W			NAME			
STREET ADDRESS	1000 HARBOR BLVD			STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	ERIC SCHOENFELD		
STREET ADDRESS				STREET ADDRESS	1000 HARBOR BLVD		
CITY-ST-ZIP				CITY-ST-ZIP	WEEHAWKEN, NJ 07086		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 another like empowered.

SIGNATURE: *Gerianne J. Silva* **Gerianne J. Silva** **April 18, 2002** (515)245-2069
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)