

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

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

PAINWEBBER LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

601 SIXTH AVE.
 DES MOINES IA 50309

P.O. BOX 10
 DES MOINES IA 50301

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 date 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	PCD	<input checked="" type="checkbox"/> Delete
NAME	BEDRITIS, ROBERT E	
STREET ADDRESS	1200 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SILVA, GERIANNE J	
STREET ADDRESS	1200 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL J	
STREET ADDRESS	1200 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCUTRO, ARTHUR M JR.	
STREET ADDRESS	1200 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mulhall, John W	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken NJ 07087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerianne J. Silva April 17, 2001

Date

(515) 245-2069

Daytime Phone #

CR2E034 (10/00)