

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 816186**

1. Entity Name  
**UBS 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**



01072004 No Chg-P CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**Sr. VP, Sec & Asst. Treasurer**

**March 25, 2004**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000104461  
04/06/04-80012-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
SILVA, GERIANNE J  
1200 HARBOR BLVD  
WEEHAWKWN, NJ 07086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
KELLEHER, KATHLEEN  
1200 HARBOR BLVD  
WEEHAWKEN, NJ 07086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SAFIR, RONALD  
1200 HARBOR BLVD  
WEEHAWKEN, NJ 07086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MULHALL, JOHN W  
1200 HARBOR BLVD  
WEEHAWKEN, NJ 07086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
SCHOENFELD, ERIC  
1200 HARBOR BLVD  
WEEHAWKEN, NJ 07086**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**C  
STREIFF, THOMAS  
1200 HARBOR BLVD  
WEEHAWKEN, NJ 07086**

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Gerianne Silva**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sr. VP, Sec. & Asst. Treasurer**

**(201) 352-6634 3/25/2004**

Date

Daytime Phone