

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 001 ***150.00

DOCUMENT # 816186

1. Entity Name
UBS PAINEWEBBER LIFE INSURANCE COMPANY



Principal Place of Business
**601 SIXTH AVE.
DES MOINES, IA 50309**

Mailing Address
**P.O. BOX 10
DES MOINES, IA 50301**

50034050



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

22-3219879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

SIGNATURE

Gerianne J. Silva
Signature, typed or printed name of registered agent and title if applicable.

Sr. VP, Sec & Asst. Treasurer

March 30, 2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 J. Silva
Signature and typed or printed name of signing officer or director

Sr. VP, Sec & Asst. Treasurer

(201) 352-6634

03/30/05

Date

Daytime Phone #