

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 005 ***150.00

DOCUMENT # 816186

1. Entity Name
UBS LIFE INSURANCE COMPANY USA



40103330

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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

09072006 Chg-P CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILVA, GERIANNE J 1200 HARBOR BLVD WEEHAWKWN, NJ 07086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEHER, KATHLEEN 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAFIR, RONALD 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULHALL, JOHN W 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOENFELD, ERIC 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STREIFF, THOMAS 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & TREASURER MICHAEL BAN 1200 HARBOR BLVD WEEHAWKEN, NJ 07086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE: Gerianne J. Silva Gerriane J. Silva 9-7-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 816186

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UBS LIFE INSURANCE COMPANY USA



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

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

ATTACHMENT

40103939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072006

Chg-P

CR2E034 (11/05)

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

Name

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City

FL

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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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40103939
#816186

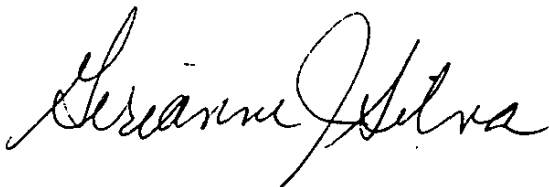
September 7, 2006

Florida Department of State
Secretary of state
409 East Gaines Street
Tallahassee, FL 32314

Subject: 2006 For Profit Corporation Annual Report Form

Enclosed please find the 2006 For Profit Corporation Annual Report Form for UBS Life Insurance Company USA and a check for the \$150 filing fee.

After checking our records, we realized that we had not received notification for this report in 2006. We hope that the penalty will be waived due to this fact.





40103939
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	816186
Business Entity Name	UBS LIFE INSURANCE COMPANY USA
Original File Date	06/29/1962

FEI Number 22-3219879
Principal Address 601 SIXTH AVE.
DES MOINES, IA 50309
Mailing Address P.O. BOX 10
DES MOINES, IA 50301
Registered Agent CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Officer/Director Name And Address

VSD
GERIANNE J SILVA
1200 HARBOR BLVD
WEEHAWKWN, NJ 07086

VD
KATHLEEN KELLEHER
1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

T
RONALD SAFIR
1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

P
JOHN W MULHALL
1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

ATTACHMENT

VD
ERIC SCHOENFELD
1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

40103939
#816186

C
THOMAS STREIFF
1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

- ☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes

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