

1.) CORPORATION NAME:

Stonebridge Life Insurance Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0210700**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4333 EDGEWOOD ROAD NE

CITY/ST/ZIP: CEDAR RAPIDS, IA 52499

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: EDWARD H WALKER, III TITLE: PRESIDENT ADDRESS: 100 LIGHT ST., FLOOR B1 CITY/ST/ZIP/CO: BALTIMORE, MD 21202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: G DOUGLAS MANGUM, JR TITLE: SR VP/CHIEF ACT ADDRESS: 300 EAGLEVIEW BLVD CITY/ST/ZIP/CO: EXTON, PA 19341</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARTHA MCCONNELL TITLE: SR VP-FINANCE ADDRESS: 100 LIGHT ST., FLOOR B1 CITY/ST/ZIP/CO: BALTIMORE, MD 21202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CRAIG VERMIE TITLE: COUNSEL/SR VP ADDRESS: 4333 EDGEWOOD ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEITH G WRIGHT TITLE: VP ADDRESS: 2700 WEST PLANO PARKWAY CITY/ST/ZIP/CO: PLANO, TX 75075</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHELLE A EUBANKS TITLE: SR VP/CNSL/SECR ADDRESS: 100 LIGHT ST., FLOOR B1 CITY/ST/ZIP/CO: BALTIMORE, MD 21202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN A SMITH DIV CHIEF OPERA 300 EAGLEVIEW BLVD EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN A SMITH DIV COO 300 EAGLEVIEW BLVD EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CRAIG VERMIE	CRAIG VERMIE, COUNSEL/SR VP	12/21/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.