

1.) CORPORATION NAME:

Stonebridge Life Insurance Company

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

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

NAME: SCOTT W HAM TITLE: DIVISION PRES ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN R HUNTER TITLE: COO ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C. MICHIEL VAN KATWIJK TITLE: CFO/SVP/Treas ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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 D VERMIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG D VERMIE, SEC/SR VP/COUNS PRINTED NAME AND CORPORATE TITLE	11/19/2013 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.		