

1.) CORPORATION NAME:

**Stonebridge Life Insurance Company**

DUE DATE: **12/31/2015**

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:	SCOTT W HAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIVISION PRES		
ADDRESS:	4333 EDGEWOOD RD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499		
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:	JAY ORLANDI	<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:	C. MICHIEL VAN KATWIJK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SVP/TREAS		
ADDRESS:	4333 EDGEWOOD RD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499		

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: BRIAN A SMITH TITLE: SVP ADDRESS: 300 EAGLEVIEW BLVD CITY/ST/ZIP/CO: EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH G WRIGHT TITLE: ASST SECRETARY ADDRESS: 2700 WEST PLANO PARKWAY CITY/ST/ZIP/CO: PLANO, TX 75075	<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/ SCOTT W HAM	SCOTT W HAM, DIVISION PRES	11/18/2015
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.		