

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 822075

1. Entity Name
STONEBRIDGE LIFE INSURANCE COMPANY



Principal Place of Business
**2700 W. PLANO PKWY.
PLANO, TX 75075-8200**

Mailing Address
**2700 W. PLANO PKWY.
PLANO, TX 75075-8200**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0164230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000803030
02/05/08-80008-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARP, MARILYN
STREET ADDRESS	520 PARK AVENUE
CITY-STATE-ZIP	BALTIMORE, MD 212014500
TITLE	C
NAME	WILSON, MICHAEL L
STREET ADDRESS	520 PARK AVENUE
CITY-STATE-ZIP	BALTIMORE, MD 21201
TITLE	S
NAME	VERMIE, CRAIG D
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.
CITY-STATE-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DV
NAME	VERMIE, CRAIG D
STREET ADDRESS	4333 EDGEWOOD RD N.E.
CITY-STATE-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DV
NAME	CLANCY, BRENDA K
STREET ADDRESS	4333 EDGEWOOD RD. N.E.
CITY-STATE-ZIP	CEDAR RAPIDS, IA 52499
TITLE	AS
NAME	WRIGHT, KEITH G
STREET ADDRESS	2700 WEST PLANO PKWY
CITY-STATE-ZIP	PLANO, TX 75075

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

972-881-6406

Daytime Phone #