## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 822075**

FILED Mar 23, 2010 Secretary of State

Entity Name: STONEBRIDGE LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

2700 W. PLANO PKWY. PLANO, TX 750758200

Current Mailing Address: New Mailing Address:

2700 W. PLANO PKWY. PLANO, TX 750758200

FEI Number: 03-0164230 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DF

Name: CARP, MARILYN Address: 520 PARK AVENUE

City-St-Zip: BALTIMORE, MD 212014500

Title: C

Name: WILSON, MICHAEL L Address: 520 PARK AVENUE City-St-Zip: BALTIMORE, MD 21201

Title: S

Name: VERMIE, CRAIG D

Address: 4333 EDGEWOOD ROAD N.E. City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DV

Name: VERMIE, CRAIG D

Address: 4333 EDGEWOOD RD N.E. City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DV

Name: CLANCY, BRENDA K Address: 4333 EDGEWOOD RD. N.E. City-St-Zip: CEDAR RAPIDS, IA 52499

Title: AS

 Name:
 WRIGHT, KEITH G

 Address:
 2700 WEST PLANO PKWY

 City-St-Zip:
 PLANO, TX 75075

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH WRIGHT AS 03/23/2010