2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90089 007 ***150.00

0144251 AT

DOCUMENT # 822075

1. Entity Name
STONEBRIDGE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2700 W. PLANO PKWY. PLANO TX 75075-8200	2700 W. PLANO PKWY. PLANO TX 75075-8200

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0164230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARP, MARILYN 520 PARK AVENUE BALTIMORE MD 21201-4500	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GATEWOOD, WALTER A 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☒ Delete	CONTROLLER MICHAEL L. WILSON 520 PARK AVENUE BALTIMORE, MD 21201	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS CAMILLO, JOHN R 2700 W. PLANO PARKWAY PLANO TX 75075	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VERMIE, CRAIG D 4333 EDGEWOOD RD N.E. CEDAR RAPIDS IA 52499	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BEARDSWORTH, JAMES A 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA 52499	☒ Delete	DIRECTOR, VICE PRESIDENT BRENDA K. CLANCY 4333 EDGEWOOD ROAD, N.E. CEDAR RAPIDS, IA 52499	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED 07/14/03 972-881-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

STONEBRIDGE LIFE Insurance Company 90146644

2700 West Plano Parkway • Plano, Texas 75075-8200

Monica Smolenski
Paralegal
(972) 881-6405 Fax (972) 881-6717

July 18, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32314

Re: Stonebridge Life Insurance Company
Document # 822075
2003 Uniform Business Report

Dear Sir:

Enclosed please find the completed 2003 Uniform Business Report for Stonebridge Life Insurance Company and a check. We never received a first notice.

If you have any questions please contact me at 972-881-6405

Very truly yours,

Monica Smolenski

Monica Smolenski

enclosure