2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2014
Secretary of State
CC4161151746

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Entity Name: STONEBRIDGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

Current Mailing Address:

4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 US

FEI Number: 03-0164230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title	DP
Name	WALKER, EDWARD HIII
Address	100 LIGHT STREET, FLOOR B1
City-State-Zip:	BALTIMORE MD 21202

Title	D, SVP, SECRETARY, GNCSL
Name	VERMIE, CRAIG D
Address	4333 EDGEWOOD ROAD N.E.
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	AS
Name	WRIGHT, KEITH G
Address	2700 WEST PLANO PKWY
City-State-Zip:	PLANO TX 75075

Title	D
Name	HUNTER, JOHN R
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	VP
Name	WILSON, MICHAEL L
Address	100 LIGHT STREET, FLOOR B1
City-State-Zip:	BALTIMORE MD 21202

Title	EVP & COO
Name	CLANCY, BRENDA K
Address	4333 EDGEWOOD RD. N.E.
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	D
Name	HAM, SCOTT W
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	D
Name	MANGUM, G. DOUGLAS JR.
Address	300 EAGLEVIEW BLVD
City-State-Zip:	EXTON PA 19341

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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: CRAIG D VERMIE — SENIOR VICE PRESIDENT — 05/01/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	T, CFO, & SVP
Name	KATWIJK, C. MICHIEL VAN
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	DIRECTOR
Name	SMITH, BRIAN A
Address	300 EAGLEVIEW BLVD
City-State-Zip:	EXTON PA 19341

Title	DIRECTOR
Name	MCCONNELL, MARTHA A
Address	100 LIGHT STREET FLOOR B1
City-State-Zip:	BALTIMORE MD 21202-1098