FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17692 (5)

1. Corporation Name
STARMOUNT LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5551 CORPORATE BLVD., STE 2-G P.O. BOX 14389 BATON ROUGE LA 70898	5551 CORPORATE BLVD., STE 2-G P.O. BOX 14389 BATON ROUGE LA 70898

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 01/25/1994
4. FEI Number: 72-0977315 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SINGLETARY, J. NOLAND	1.2 NAME	D Ronald L. Daniels
STREET ADDRESS	451 FLORIDA ST	1.3 STREET ADDRESS	3101 Ingersoll Avenue
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	Des Moines, IA 50312
TITLE	PC	2.1 TITLE	☒ Change ☐ Addition
NAME	STERNBERG, HANS	2.2 NAME	C
STREET ADDRESS	5551 CORPORATE BLD #2-G	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	DENT, FRED C. JR.	3.2 NAME	D Mary H. Burns
STREET ADDRESS	1055 LAUREL STREET	3.3 STREET ADDRESS	644 Delgado Drive
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	Baton Rouge, La. 70808
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	HALLIN, H. THOMAS	4.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD #2G	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOWEN, IRWIN	5.2 NAME	
STREET ADDRESS	224 SEVENTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	STERNBERG, DONNA W	6.2 NAME	P D
STREET ADDRESS	5551 CORPORATE BLVD., SUITE 2-G	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGHE LA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H Thornton Hawkins Jan. 20, 1995 504 926 2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

047P06 FP