

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 019 ***150.00

DOCUMENT # P17692

1. Entity Name
STARMOUNT LIFE INSURANCE COMPANY



Principal Place of Business

7800 OFFICE PARK BLVD.
P.O. BOX 14389
BATON ROUGE, LA 70898 US

Mailing Address

7800 OFFICE PARK BLVD.
P.O. BOX 14389
BATON ROUGE, LA 70898 US

24054601



2. Principal Place of Business

PO Box 98100

3. Mailing Address

PO Box 98100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

70898-9100

Zip

Country

70898-9100

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

72-0977315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, RONALD L.	
STREET ADDRESS	3101 INGERSOLL AVENUE	
CITY-ST-ZIP	DES MOINES, IA 50312	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STERNBERG, HANS	
STREET ADDRESS	7800 OFFICE PARK BLVD.	
CITY-ST-ZIP	BATON ROUGE, LA 70809	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STERNBERG, ERICH	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE, LA 708097603	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	TREIGLE, MICHAEL S	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE, LA 70809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREER, ROBERT S JR	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE, LA 70809	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STERNBERG, DONNA W	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE, LA 708097603	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wild, Jeffrey	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valiquette, David	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey B. Wild

4-21-04

225-926-2888