

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P17692 1. Entity Name STARMOUNT LIFE INSURANCE COMPANY	
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Principal Place of Business P.O. BOX 98100 BATON ROUGE, LA 70898-9100 US	Mailing Address P.O. BOX 98100 BATON ROUGE, LA 70898-9100 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, RONALD L. 3101 INGERSOLL AVENUE DES MOINES, IA 50312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STERNBERG, HANS 7800 OFFICE PARK BLVD. BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERNBERG, ERICH 7800 OFFICE PARK BLVD BATON ROUGE, LA 708097603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WILD, JEFFREY 7800 OFFICE PARK BLVD BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, ROBERT S JR 7800 OFFICE PARK BLVD BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERNBERG, DONNA W 7800 OFFICE PARK BLVD BATON ROUGE, LA 708097603

000000631439 02/20/07-80047-010-150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 1/4/06 (225) 926-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone