

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P17692

1. Entity Name
STARMOUNT LIFE INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE



07112008 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

**DO NOT WRITE
IN THIS SPACE**

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANIELS, RONALD L.
STREET ADDRESS	3101 INGERSOLL AVENUE
CITY-ST-ZIP	DES MOINES, IA 50312
TITLE	CD
NAME	STERNBERG, HANS
STREET ADDRESS	7800 OFFICE PARK BLVD.
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	PD
NAME	STERNBERG, ERICH
STREET ADDRESS	7800 OFFICE PARK BLVD
CITY-ST-ZIP	BATON ROUGE, LA 708097603
TITLE	TS
NAME	WILD, JEFFREY
STREET ADDRESS	7800 OFFICE PARK BLVD
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	D
NAME	GREER, ROBERT S JR
STREET ADDRESS	7800 OFFICE PARK BLVD
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	VD
NAME	STERNBERG, DONNA W
STREET ADDRESS	7800 OFFICE PARK BLVD
CITY-ST-ZIP	BATON ROUGE, LA 708097603

U00000957120
08/04/08-80010-011 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec. Treas

7/30/08

225-726-2488