

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17692

FILED
Feb 21, 2012
Secretary of State

Entity Name: STARMOUNT LIFE INSURANCE COMPANY

Current Principal Place of Business:

8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98100
BATON ROUGE, LA 708989100 US

New Mailing Address:

FEI Number: 72-0977315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: DANIELS, RONALD L.
Address: 3101 INGERSOLL AVENUE
City-St-Zip: DES MOINES, IA 50312

Title: CD
Name: STERNBERG, HANS
Address: 8485 GOODWOOD
City-St-Zip: BATON ROUGE, LA 70806

Title: PD
Name: STERNBERG, ERICH
Address: 8485 GOODWOOD
City-St-Zip: BATON ROUGE, LA 70806

Title: TS
Name: WILD, JEFFREY
Address: 8485 GOODWOOD
City-St-Zip: BATON ROUGE, LA 70806

Title: D
Name: GREER, ROBERT S JR
Address: 8485 GOODWOOD
City-St-Zip: BATON ROUGE, LA 70806

Title: VD
Name: STERNBERG, DONNA W
Address: 8485 GOODWOOD
City-St-Zip: BATON ROUGE, LA 70806

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: JEFFREY G. WILD

TS

02/21/2012

Electronic Signature of Signing Officer or Director

Date