FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/19/1988**
3a. Date of Last Report: **01/27/1995**

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
Street Address (P.O. Box Number is Not Acceptable) 22	Street Address (P.O. Box Number is Not Acceptable) 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 Section 607.1916(2) and (3), 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
8 NAME	DANIELS, RONALD L.	12 NAME	
9 STREET ADDRESS	3101 INGERSOLL AVENUE	13 STREET ADDRESS	
10 CITY-ST-ZIP	DES MOINES FL	14 CITY-ST-ZIP	
11 TITLE	C ☐ DELETE	21 TITLE	☐ Change ☐ Addition
12 NAME	STERNBERG, HANS	22 NAME	
13 STREET ADDRESS	5551 CORPORATE BLD #2-G	23 STREET ADDRESS	
14 CITY-ST-ZIP	BATON ROUGE LA	24 CITY-ST-ZIP	
15 TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
16 NAME	BURNS, MARY H.	32 NAME	
17 STREET ADDRESS	644 DELGADO DRIVE	33 STREET ADDRESS	
18 CITY-ST-ZIP	BARON ROUGE LA	34 CITY-ST-ZIP	
19 TITLE	VS ☐ DELETE	41 TITLE	☐ Change ☐ Addition
20 NAME	HALLIN, H. THOMAS	42 NAME	
21 STREET ADDRESS	5551 CORPORATE BLVD #2G	43 STREET ADDRESS	
22 CITY-ST-ZIP	BATON ROUGE LA	44 CITY-ST-ZIP	
23 TITLE	D ☐ DELETE	51 TITLE	☒ Change ☐ Addition
24 NAME	LOWEN, IRWIN	52 NAME	
25 STREET ADDRESS	224 SEVENTH STREET	53 STREET ADDRESS	117 CUTTERMILL ROAD
26 CITY-ST-ZIP	GARDEN CITY NY	54 CITY-ST-ZIP	GREAT NECK, NEW YORK 11021
27 TITLE	PD ☐ DELETE	61 TITLE	☐ Change ☐ Addition
28 NAME	STERNBERG, DONNA W	62 NAME	
29 STREET ADDRESS	5551 CORPORATE BLVD., SUITE 2-G	63 STREET ADDRESS	~~5551 CORPORATE BLVD~~
30 CITY-ST-ZIP	BATON ROUGHE LA	64 CITY-ST-ZIP	~~GRAND NEW~~

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is valid, 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 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: H Thomas Hallin H. THOMAS HALLIN 1-16-96 504 426-2888X113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #