

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17692

Entity Name: STARMOUNT LIFE INSURANCE COMPANY**Current Principal Place of Business:**8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806**Current Mailing Address:**P.O. BOX 98100
BATON ROUGE, LA 70898-9100 US**FEI Number: 72-0977315****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

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

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

Title D
Name GREER, ROBERT SJR
Address 8485 GOODWOOD
City-State-Zip: BATON ROUGE LA 70806

Title PRESIDENT
Name ROTH, DEBORAH
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

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

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

Title VD
Name STERNBERG, DONNA W
Address 8485 GOODWOOD
City-State-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**SECRETARY TREASURER 01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date