## **2017 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.

City-State-Zip:

CHATTANOOGA TN 37402

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 11, 2017

**Secretary of State** 

CC3085110864

Officer/Director Detail:

Title CEO Title TS

NameSTERNBERG, ERICHNameJULLIENNE, J. PAULAddress8485 GOODWOODAddress1 FOUNTAIN SQUARE

City-State-Zip: BATON ROUGE LA 70806

Title PRESIDENT

Name ROTH, DEBORAH

Address 8485 GOODWOOD BLVD.

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: STEPHANIE GERVAIS

CONTROLLER

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date