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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90152 020 ***150.00

DOCUMENT # P17692

1. Corporation Name

STARMOUNT LIFE INSURANCE COMPANY

Principal Place of Business

**7800 OFFICE PARK BLVD.
P.O. BOX 14389
BATON ROUGE LA 70898
US**

Mailing Address

**7800 OFFICE PARK BLVD.
P.O. BOX 14389
BATON ROUGE LA 70898
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COMMISSIONER OF INSURANCE
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
DANIELS, RONALD L.
STREET ADDRESS **3101 INGERSOLL AVENUE**
CITY-ST-ZIP **DES MOINES IA 50312**

TITLE ☐ DELETE

NAME **C**
STERNBERG, HANS
STREET ADDRESS **7800 OFFICE PARK BLVD.**
CITY-ST-ZIP **BATON ROUGE LA 70809**

TITLE ☐ DELETE

NAME **D**
STERNBERG, ERICH
STREET ADDRESS **129 HICKS #2**
CITY-ST-ZIP **BROOKLYN HEIGHTS NY 11201**

TITLE ☐ DELETE

NAME **VS**
HALLIN, H. THOMAS
STREET ADDRESS **7800 OFFICE PARK BLVD.**
CITY-ST-ZIP **BATON ROUGE LA 70809**

TITLE ☐ DELETE

NAME **D**
LOWEN, IRWIN
STREET ADDRESS **117 CUTTERMILL ROAD**
CITY-ST-ZIP **GREAT NECK NY 11021**

TITLE ☐ DELETE

NAME **PD**
STERNBERG, DONNA W
STREET ADDRESS **7800 OFFICE PARK BLVD**
CITY-ST-ZIP **BATON ROUGE LA 70809**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C/D

D/V

**7800 Office Park Blvd.
Baton Rouge, La. 70809-7603**

V/S/T/D

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

H Thomas Hallin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 1999
Date

225-926-7888
Daytime Phone #

CR2E034 (11/98)