

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90073 037 ***150.00

DOCUMENT # P17692

1. Entity Name

STARMOUNT LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

7800 OFFICE PARK BLVD.
P.O. BOX 14389
BATON ROUGE LA 70898-4389
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-0977315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STERNBERG, ERICH
STREET ADDRESS **7800 OFFICE PARK BLVD**
CITY-ST-ZIP **BATON ROUGE LA 70809-7603**

TITLE ☒ Change ☐ Addition
NAME **PD**
STERNBERG, ERICH
STREET ADDRESS **7800 OFFICE PARK BLVD.**
CITY-ST-ZIP **BATON ROUGE, LA 70809-7603**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **VD**
STERNBERG, DONNA
STREET ADDRESS **7800 OFFICE PARK BLVD.**
CITY-ST-ZIP **BATON ROUGE, LA 70809-7603**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(225) 926-2888

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)