

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90028 044 ***150.00

DOCUMENT # P17692

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-0977315

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	D	☐ Delete
NAME	DANIELS, RONALD L.	
STREET ADDRESS	3101 INGERSOLL AVENUE	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE	CD	☐ Delete
NAME	STERNBERG, HANS	
STREET ADDRESS	7800 OFFICE PARK BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	PD	☐ Delete
NAME	STERNBERG, ERICH	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE LA 70809-7603	
TITLE	VTS	☒ Delete
NAME	DREHER, NANCY K	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	D	☐ Delete
NAME	GREER, ROBERT S JR	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	VD	☐ Delete
NAME	STERNBERG, DONNA W	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGE LA 70809-7603	

TITLE	TS	☐ Change ☒ Addition
NAME	Treigle, Michael S.	
STREET ADDRESS	7800 Office Park Blvd.	
CITY-ST-ZIP	Baton Rouge, LA 70809-7603	
TITLE	D	☐ Change ☒ Addition
NAME	Sidney Pulitzer	
STREET ADDRESS	14 Audubon Place	
CITY-ST-ZIP	New Orleans, LA 70118	
TITLE	V	☐ Change ☒ Addition
NAME	David Valiquette	
STREET ADDRESS	7800 Office Park Blvd.	
CITY-ST-ZIP	Baton Rouge, LA 70809-7603	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 ke empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02

Date

225-926-2888

Daytime Phone #

CR2E034 (9/01)