

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17692** (5)

1. Corporation Name
STARMOUNT LIFE INSURANCE COMPANY

FILED
95 JAN 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5551 CORPORATE BLVD., STE 2-G
P.O. BOX 14389
BATON ROUGE LA 70898**

Mailing Address
**5551 CORPORATE BLVD., STE 2-G
P.O. BOX 14389
BATON ROUGE LA 70898**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/19/1988		01/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		72-0977315		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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 _____ DATE _____
(Signature, typed or printed name of registered agent and firm if applicable. NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, J. NOLAND	1.2 NAME	D Ronald L. Daniels
STREET ADDRESS	451 FLORIDA ST	1.3 STREET ADDRESS	3101 Ingersoll Avenue
CITY - ST - ZIP	BATON ROUGE LA	1.4 CITY - ST - ZIP	Des Moines, IA 50312
TITLE	PC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, HANS	2.2 NAME	C
STREET ADDRESS	5551 CORPORATE BLD #2-G	2.3 STREET ADDRESS	
CITY - ST - ZIP	BATON ROUGE LA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, FRED C. JR.	3.2 NAME	D Mary H. Burns
STREET ADDRESS	1055 LAUREL STREET	3.3 STREET ADDRESS	644 Delgado Drive
CITY - ST - ZIP	BATON ROUGE LA	3.4 CITY - ST - ZIP	Baton Rouge, La. 70808
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIN, H. THOMAS	4.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD #2G	4.3 STREET ADDRESS	
CITY - ST - ZIP	BATON ROUGE LA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWEN, IRWIN	5.2 NAME	
STREET ADDRESS	224 SEVENTH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY NY	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, DONNA W	6.2 NAME	P D
STREET ADDRESS	5551 CORPORATE BLVD., SUITE 2-G	6.3 STREET ADDRESS	
CITY - ST - ZIP	BATON ROUGE LA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: H. Thomas Hallin DATE: Jan 20, 1995 5049662888
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Typed Name)