

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mohr
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17692 (5)**

1. Corporation Name
STARMOUNT LIFE INSURANCE COMPANY



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**

2. Principal Place of Business: 21 Sub. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Sub. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **01/19/1988** 3a. Date of Last Report: **01/27/1995**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
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 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 filing with and accept the obligation of, Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
13. NAME [] DELETE
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME [] DELETE
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME [] DELETE
20. STREET ADDRESS
21. CITY, STATE, ZIP
22. NAME [] DELETE
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. NAME [] DELETE
26. STREET ADDRESS
27. CITY, STATE, ZIP
28. NAME [] DELETE
29. STREET ADDRESS
30. CITY, STATE, ZIP
31. NAME [] DELETE
32. STREET ADDRESS
33. CITY, STATE, ZIP
34. NAME [] DELETE
35. STREET ADDRESS
36. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, STATE, ZIP
15 CITY, STATE, ZIP Change Addition
16 NAME
17 NAME
18 STREET ADDRESS
19 CITY, STATE, ZIP
20 NAME
21 NAME
22 STREET ADDRESS
23 CITY, STATE, ZIP
24 CITY, STATE, ZIP Change Addition
25 NAME
26 NAME
27 STREET ADDRESS
28 CITY, STATE, ZIP
29 NAME
30 NAME
31 STREET ADDRESS
32 CITY, STATE, ZIP

**117 CUTTERMILL ROAD
GREAT NECK, NEW YORK 11021**
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GREAT NECK, NEW YORK 11021~~

14. I hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee or trust agreement empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed or no longer have an address.

SIGNATURE: *H Thomas Hallin* H. THOMAS HALLIN 1-16-96 504 926-2888X113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)