

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 70998	Mailing Address 5551 CORPORATE BLVD., STE 2-G P.O. BOX 14389 BATON ROUGE LA 70998
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7800 Office Park Blvd.		2a. Mailing Address 26 7800 Office Park Blvd.		3. Date Incorporated or Qualified 01/19/1988	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 72-0977315	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)				84 City			
83				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, RONALD L.	1.2 NAME	
STREET ADDRESS	3101 INGERSOLL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES FL	1.4 CITY-ST-ZIP	DES MOINES, IA 50312
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, HANS	2.2 NAME	
STREET ADDRESS	5551 CORPORATE BLD #2-G	2.3 STREET ADDRESS	7800 Office Park Blvd.
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	Baton Rouge, La. 70809-7603
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, MARY H.	3.2 NAME	D
STREET ADDRESS	644 DELGADO DRIVE	3.3 STREET ADDRESS	Erich Sternberg
CITY-ST-ZIP	BARON ROUGE LA	3.4 CITY-ST-ZIP	129 Hicks #2
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIN, H. THOMAS	4.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD #2G	4.3 STREET ADDRESS	7800 Office Park Blvd.
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	Baton Rouge, La. 70809-7603
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWEN, IRWIN	5.2 NAME	
STREET ADDRESS	117 CUTTERMILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NE	5.4 CITY-ST-ZIP	Great Neck, NY 11021
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, DONNA W	6.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD., SUITE 2-G	6.3 STREET ADDRESS	7800 Office Park Blvd
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	Baton Rouge, La. 70809-7603

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.

SIGNATURE: *H. Thomas Hallin* Jan 29 1998

CF2E034 (10/97)