

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90152 020 ***150.00

51549

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17692

1. Corporation 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
01/19/1988

4. FEI Number
72-0977315

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 owes the current year Intangible Personal Property Tax. 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 607.0502 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, RONALD L.	
STREET ADDRESS	3101 INGERSOLL AVENUE	
CITY-ST-ZIP	DES MOINES IA 50312	
TITLE	C	<input type="checkbox"/> DELETE
NAME	STERNBERG, HANS	
STREET ADDRESS	7800 OFFICE PARK BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERNBERG, ERICH	
STREET ADDRESS	129 HICKS #2	
CITY-ST-ZIP	BROOKLYN HEIGHTS NY 11201	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HALLIN, H. THOMAS	
STREET ADDRESS	7800 OFFICE PARK BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWEN, IRWIN	
STREET ADDRESS	117 CUTTERMILL ROAD	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STERNBERG, DONNA W	
STREET ADDRESS	7800 OFFICE PARK BLVD	
CITY-ST-ZIP	BATON ROUGHE LA 70809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7800 Office Park Blvd.
3.4 CITY-ST-ZIP	Baton Rouge, La. 70809-7603
4.1 TITLE	V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: H Thomas Hallin Date: March 31, 1999 Daytime Phone #: 225-926-7888

CR2E034 (1/198)