

# 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      Mailing Address  
**7800 OFFICE PARK BLVD.**      **7800 OFFICE PARK BLVD.**  
**P.O. BOX 14389**                      **P.O. BOX 14389**  
**BATON ROUGE LA 70898**              **BATON ROUGE LA 70898**  
**US**    **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State  
 Zip    Zip    Country                                      Country

4. FEI Number      Applied For  
**72-0977315**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COMMISSIONER OF INSURANCE**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIELS, RONALD L.</b> <b>3101 INGERSOLL AVENUE</b> <b>DES MOINES IA 50312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>STERNBERG, HANS</b> <b>7800 OFFICE PARK BLVD.</b> <b>BATON ROUGE LA 70809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STERNBERG, ERICH</b> <b>7800 OFFICE PARK BLVD</b> <b>BATON ROUGE LA 70809-7603</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>DREHER, NANCY K</b> <b>7800 OFFICE PARK BLVD</b> <b>BATON ROUGE LA 70809</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREER, ROBERT S JR</b> <b>7800 OFFICE PARK BLVD</b> <b>BATON ROUGE LA 70809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STERNBERG, DONNA W</b> <b>7800 OFFICE PARK BLVD</b> <b>BATON ROUGE LA 70809-7603</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>Treigle, Michael S.</b> <b>7800 office Park Blvd.</b> <b>Baton Rouge, LA 70809-7603</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sidney Pulitzer</b> <b>14 Audubon Place</b> <b>New Orleans, LA 70118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>David Valiquette</b> <b>7800 office Park Blvd.</b> <b>Baton Rouge, LA 70809-7603</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**      **3/2/02**      **225-926-2888**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

UBR0202R A1

CR2E034 (9/01)