

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 019 ***150.00



DOCUMENT # P17692
 1. Entity 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

24054601



2. Principal Place of Business
PO Box 98100

3. Mailing Address
PO Box 98100

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
72-0977315

Applied For
 Not Applicable

Zip
70898-9100

Country

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

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME DANIELS, RONALD L. STREET ADDRESS 3101 INGERSOLL AVENUE CITY-ST-ZIP DES MOINES, IA 50312	TITLE TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Wild, Jeffrey</i> STREET ADDRESS <i>7800 OFFICE PARK BLVD</i> CITY-ST-ZIP <i>Baton Rouge, LA 70809</i>
TITLE CD <input type="checkbox"/> Delete	NAME STERNBERG, HANS STREET ADDRESS 7800 OFFICE PARK BLVD. CITY-ST-ZIP BATON ROUGE, LA 70809	TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Valiquette, David</i> STREET ADDRESS <i>7800 OFFICE PARK BLVD</i> CITY-ST-ZIP <i>Baton Rouge, LA 70809</i>
TITLE PD <input type="checkbox"/> Delete	NAME STERNBERG, ERICH STREET ADDRESS 7800 OFFICE PARK BLVD CITY-ST-ZIP BATON ROUGE, LA 708097603	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TS <input checked="" type="checkbox"/> Delete	NAME TREIGLE, MICHAEL S STREET ADDRESS 7800 OFFICE PARK BLVD CITY-ST-ZIP BATON ROUGE, LA 70809	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME GREER, ROBERT S JR STREET ADDRESS 7800 OFFICE PARK BLVD CITY-ST-ZIP BATON ROUGE, LA 70809	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD <input type="checkbox"/> Delete	NAME STERNBERG, DONNA W STREET ADDRESS 7800 OFFICE PARK BLVD CITY-ST-ZIP BATON ROUGE, LA 708097603	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey B. Wild* **4-21-04** **225-926-2888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #