


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P17692
 1. Entity Name
STARMOUNT LIFE INSURANCE COMPANY



Principal Place of Business: P.O. BOX 98100, BATON ROUGE LA 70898-9100 US
 Mailing Address: P.O. BOX 98100, BATON ROUGE LA 70898-9100 US



1st MOORE CR2E034 (10/04)

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

4. FEI Number: **72-0977315**
 Applied For: Not Applicable
 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: DANIELS, RONALD L.	STREET ADDRESS: 3101 INGERSOLL AVENUE	CITY-ST-ZIP: DES MOINES IA 50312	<input type="checkbox"/> Delete
TITLE: CD	NAME: STERNBERG, HANS	STREET ADDRESS: 7800 OFFICE PARK BLVD.	CITY-ST-ZIP: BATON ROUGE LA 70809	<input type="checkbox"/> Delete
TITLE: PD	NAME: STERNBERG, ERICH	STREET ADDRESS: 7800 OFFICE PARK BLVD	CITY-ST-ZIP: BATON ROUGE LA 70809-7603	<input type="checkbox"/> Delete
TITLE: TS	NAME: WILD, JEFFREY	STREET ADDRESS: 7800 OFFICE PARK BLVD	CITY-ST-ZIP: BATON ROUGE LA 70809	<input type="checkbox"/> Delete
TITLE: D	NAME: GREER, ROBERT S JR	STREET ADDRESS: 7800 OFFICE PARK BLVD	CITY-ST-ZIP: BATON ROUGE LA 70809	<input type="checkbox"/> Delete
TITLE: VD	NAME: STERNBERG, DONNA W	STREET ADDRESS: 7800 OFFICE PARK BLVD	CITY-ST-ZIP: BATON ROUGE LA 70809-7603	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-25-05
 Daytime Phone #: 225-926-2888