## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## FILED Jul 24, 2006 08:00 AN DOCUMENT # P17692 **Secretary of State** 1. Entity Name STARMOUNT LIFE INSURANCE COMPANY Principal Place of Business Mailing Address P.O. BOX 98100 P.O. BOX 98100 **BATON ROUGE LA 70898-9100 BATON ROUGE LA 70898-9100** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4. FEI Number City & State City & State 72-0977315 Not Applicable \$8.75 Additional Country Zıp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000 City FL 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. U00000571843 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstaling) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 tate fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE Addition DANIELS, RONALD L. NAME NAME 3101 INGERSOLL AVENUE STREET ADDRESS STREET ADDRESS DES MOINES IA 50312 CITY- ST - ZIP CITY - ST - ZIP CD ☐ Change Addition TITLE Delete TITLE STERNBERG, HANS NAME NAME 7800 OFFICE PARK BLVD. STREET ADDRESS STREET ADDRESS **BATON ROUGE LA 70809** CITY-ST-ZIP CITY ST. ZIP PD ☐ Delete Change ☐ Addition TITLE STERNBERG, ERICH NAME NAME 7800 OFFICE PARK BLVD STREET ADDRESS STREET ADDRESS **BATON ROUGE LA 70809-7603** CITY-ST-ZIP CITY-ST-ZIP TS ☐ Change ☐ Addition TITLE Delete THILE WILD, JEFFREY NAME NAME 7800 OFFICE PARK BLVD STREET ADDRESS STREET ADDRESS **BATON ROUGE LA 70809** CITY-ST-7iP CITY-ST-7IP ☐ Chance ☐ Addition TITLE Delete THE GREER, ROBERT S JR NAME NAME 7800 OFFICE PARK BLVD STREET ADDRESS STREET ADDRESS BATON ROUGE LA 70809 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Detete TITLE STERNBERG, DONNA W

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

STREET ADDRESS

CITY ST-7P

SIGNATURE:

7800 OFFICE PARK BLVD

**BATON ROUGE LA 70809-7603** 

NAME

STREET ADDRESS

CITY-ST-ZIP