


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P17692
 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 US BATON ROUGE, LA 70898-9100 US

DO NOT WRITE IN THIS SPACE



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0977315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, RONALD L. 3101 INGERSOLL AVENUE DES MOINES, IA 50312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STERNBERG, HANS 7800 OFFICE PARK BLVD. BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERNBERG, ERICH 7800 OFFICE PARK BLVD BATON ROUGE, LA 708097603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WILD, JEFFREY 7800 OFFICE PARK BLVD BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, ROBERT S JR 7800 OFFICE PARK BLVD BATON ROUGE, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERNBERG, DONNA W 7800 OFFICE PARK BLVD BATON ROUGE, LA 708097603

U00000957120
 08/04/08-80010-011 550.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  **7/30/08** **225-726-2488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #