

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90117 002 ***150.00

REGISTRATION AR

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



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

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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. 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, 2003 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 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 70809-7603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TREIGLE, MICHAEL S 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 70809-7603

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President David J. Valiquette 7800 Office Park Blvd. Baton Rouge, LA 70809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: Michael S. Treigle 4/18/03 225-926-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)