

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2020
Secretary of State
1680870830CC

Entity Name: STARMOUNT INSURANCE AGENCY, INC.

Current Principal Place of Business:

8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806

Current Mailing Address:

1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402 US

FEI Number: 72-0809131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, CFO, STARMOUNT
Name WILD, JEFFREY G
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

Title CEO, STARMOUNT, DIRECTOR
Name STERNBERG, ERICH
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

Title VP, CORPORATE SECRETARY
Name JULLIENNE, PAUL J.
Address 1 FOUNTAIN SQUARE
City-State-Zip: CHATTANOOGA TN 37402

Title VP, DENTAL AND VISION
UNDERWRITING, STARMOUNT
Name KILLIAN, MELISSA F.
Address 8485 GOODWOOD BOULEVARD
City-State-Zip: BATON ROUGE LA 70806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. PAUL JULLIENNE

**VP, CORPORATE
SECRETARY**

03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date