

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17692

**Entity Name:** STARMOUNT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

8485 GOODWOOD BLVD.  
BATON ROUGE, LA 70806

**Current Mailing Address:**

P.O. BOX 98100  
BATON ROUGE, LA 70898-9100 US

**FEI Number:** 72-0977315

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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            PRESIDENT  
Name            STERNBERG, ERICH  
Address        8485 GOODWOOD  
City-State-Zip: BATON ROUGE LA 70806

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

*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:** ERICH STERNBERG

**PRESIDENT**

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date