

**2024 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:**

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402 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 EVP, DIRECTOR  
Name ARNOLD, TIMOTHY G.  
Address 1200 COLONIAL LIFE BOULEVARD  
City-State-Zip: COLUMBIA SC 29210

Title EVP, CHIEF INFORMATION AND DIGITAL OFFICER, DIRECTOR  
Name BHASIN, PUNEET  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title EVP, GENERAL COUNSEL, DIRECTOR  
Name IGLESIAS, LISA G.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title VP, MANAGING COUNSEL AND CORPORATE SECRETARY  
Name JULLIENNE, JEAN PAUL  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title VP, TREASURER  
Name KATZ, BENJAMIN S.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title EVP, FINANCE, DIRECTOR  
Name ZABEL, STEVEN A.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title SVP, CHIEF ACCOUNTING OFFICER  
Name RICE, WALTER LYNN JR.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

Title SVP, GLOBAL FINANCIAL PLANNING AND ANALYSIS, DIRECTOR  
Name WAXENBERG, DANIEL J.  
Address 1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37402

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*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:** JEAN PAUL JULLIENNE

VP, MANAGING COUNSEL 04/16/2024  
& CORPORATE  
SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, CHAIRMAN, PRESIDENT, CEO  
Name           PYNE, CHRISTOPHER W.  
Address        2211 CONGRESS STREET  
City-State-Zip: PORTLAND ME 04122

Title           DIRECTOR  
Name           LEIPER, MARTHA D.  
Address        1 FOUNTAIN SQUARE  
City-State-Zip: CHATTANOOGA TN 37321