

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17692

FILED
Jun 23, 2009
Secretary of State

Entity Name: STARMOUNT LIFE INSURANCE COMPANY

Current Principal Place of Business:

P.O. BOX 98100
BATON ROUGE, LA 708989100 US

New Principal Place of Business:

7800 OFFICE PARK BLVD.
BATON ROUGE, LA 70809 US

Current Mailing Address:

P.O. BOX 98100
BATON ROUGE, LA 708989100 US

New Mailing Address:

FEI Number: 72-0977315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANIELS, RONALD L.
Address: 3101 INGERSOLL AVENUE
City-St-Zip: DES MOINES, IA 50312

Title: CD () Delete
Name: STERNBERG, HANS
Address: 7800 OFFICE PARK BLVD.
City-St-Zip: BATON ROUGE, LA 70809

Title: PD () Delete
Name: STERNBERG, ERICH
Address: 7800 OFFICE PARK BLVD
City-St-Zip: BATON ROUGE, LA 708097603

Title: TS () Delete
Name: WILD, JEFFREY
Address: 7800 OFFICE PARK BLVD
City-St-Zip: BATON ROUGE, LA 70809

Title: D () Delete
Name: GREER, ROBERT S JR
Address: 7800 OFFICE PARK BLVD
City-St-Zip: BATON ROUGE, LA 70809

Title: VD () Delete
Name: STERNBERG, DONNA W
Address: 7800 OFFICE PARK BLVD
City-St-Zip: BATON ROUGE, LA 708097603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY WILD

Electronic Signature of Signing Officer or Director

TS

06/23/2009

Date