

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. McPart  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

DOCUMENT # **816091** (3)  
MONUMENTAL LIFE INSURANCE COMPANY

COMM - 1 / APR 25  
SOS, DIVISION OF STATE  
TALLAHASSEE, FLORIDA

Principal Name of Registrant: **% RALPH L. ARNOLD**  
2 EAST CHASE STREET  
BALTIMORE MD 21202

Mailing Address: **% RALPH L. ARNOLD**  
2 EAST CHASE STREET  
BALTIMORE MD 21202

DO NOT WRITE IN THIS SPACE

2. Principal Name of Registrant		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/21/1962	05/01/1994
22		27		4. FIF Number	Applied For / Not Applicable
23		28		5. Certificate of Status Created	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under § 199.003 Florida Statute. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HONORABLE TOM GALLAGHER COMM OF INS. DEPT OF INS. LARSON BUILDING RM. 371 TALLAHASSEE FL 32399-0300				B1	Name
				B2	Street Address if O (Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
VC	ARNOLD, RALPH L. 2405 RAINTREE AVE. WESTMINSTER MD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DCFO	BAIRD, PATRICK S. 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS IA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DSSV	BROWN LARRY G. 1111 NORTH CHARLES ST. BALTIMORE MD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DEVP	BUSLER, WILLIAM L. 4333 EDGEWOOD RD N.E. CEDAR RAPIDS IA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	MCGRAW, ROBERT J. 1111 NORTH CHARLES ST. BALTIMORE MD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DVP	CLANCY, BRENDA K. 4333 EDGEWOOD RD N.E. CEDAR RAPIDS IA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report voluntarily furnished and that, not equally for the information stated in law for Florida Statutes. Further, I certify that the information is true and correct to the best of my knowledge and belief and that the information is true and correct to the best of my knowledge and belief. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes, and that my name appears on Block 1, of Block 1, of the report on file with the Department of State.

SIGNATURE:   
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Craig D. Wormie, Vice President**

4/25/95 (319) 398-8511