

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 816091 (3)

1. Corporation Name
MONUMENTAL LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
**% RALPH L. ARNOLD
2 EAST CHASE STREET
BALTIMORE MD 21202**

3. Date Incorporated or Qualified **03/21/1962** 3a. Date of Last Report **05/01/1995**
4. FEI Number **52-0419790** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**HONORABLE TOM GALLAGHER
COMM OF INS. DEPT OF INS.
LARSON BUILDING RM. 371
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of registered agent, if not agent of the corporation Name of Registered Agent, if not agent of the corporation

12. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> DELETE
NAME	ARNOLD, RALPH L.	
STREET ADDRESS	2405 RAIN TREE AVE.	
CITY-ST-ZIP	WESTMINSTER MD	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	BAIRD, PATRICK S.	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	DSSV	<input checked="" type="checkbox"/> DELETE
NAME	BROWN LARRY G.	
STREET ADDRESS	1111 NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	BUSLER, WILLIAM L.	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCGRAW, ROBERT J.	
STREET ADDRESS	1111 NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CLANCY, BRENDA K.	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vermie, Craig D.
3.3 STREET ADDRESS	4333 Edgewood Road NE
3.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or if an agent, with an address.

SIGNATURE: **4/24/96** **(319) 398-8511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Craig D. Vermie, Vice President**
Date: _____ Designated: _____

CR2E034 (12/95)