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**May 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

Mailing Address
**% RALPH L. ARNOLD
2 EAST CHASE STREET
BALTIMORE MD 21202-2505**

3. Date Incorporated or Qualified 03/21/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 52-0419790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	30 Country

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
85 Zip Code

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ARNOLD, RALPH L.	
STREET ADDRESS	2405 RAINTREE 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	DV	<input type="checkbox"/> DELETE
NAME	VERMIE, CRAIG D	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
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 checked="" 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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DVPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	CLANCY, BRENDA K		
6.3 STREET ADDRESS	4333 EDGEWOOD ROAD NE		
6.4 CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or the 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 from an attachment with an address.

SIGNATURE: *Craig D. Vermie* **Craig D. Vermie** 4/28/97 (319)398-7906
DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)