

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0419790	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.1508, 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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input type="checkbox"/> DELETE	11 TITLE	DSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, RALPH L.	12 NAME	
STREET ADDRESS	2405 RAINTREE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER MD	14 CITY-ST-ZIP	
TITLE	DCFO <input checked="" type="checkbox"/> DELETE	21 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, PATRICK S.	22 NAME	Hagan, Henry G.
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	23 STREET ADDRESS	1111 North Charles Street
CITY-ST-ZIP	CEDAR RAPIDS IA	24 CITY-ST-ZIP	Baltimore, MD 21202
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D	32 NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	33 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	34 CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSLER, WILLIAM L.	42 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	43 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	44 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	51 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAW, ROBERT J.	52 NAME	Boyer, H. Stacey
STREET ADDRESS	1111 NORTH CHARLES ST.	53 STREET ADDRESS	1111 North Charles Street
CITY-ST-ZIP	BALTIMORE MD	54 CITY-ST-ZIP	Baltimore, MD 21202
TITLE	DVPT <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K.	62 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	63 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	64 CITY-ST-ZIP	

14. I 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 registered 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 on an attachment with my address.

SIGNATURE: _____

CR2E034 (10/97)