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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 006 ***150.00

000911

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 816091

1. Corporation Name
MONUMENTAL LIFE INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
03/21/1962
 4. FEI Number Applied For
52-0419790 No 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 owes the current year Intangible Personal Property Tax. Yes 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 607.0505 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NO E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	ARNOLD, RALPH L.	
STREET ADDRESS	2405 RAIN TREE AVE.	
CITY-ST-ZIP	WESTMINSTER MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAGAN, HENRY G	
STREET ADDRESS	1111 NORTH CHARLES STREET	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VERMIE, CRAIG D	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	DEV	<input type="checkbox"/> DELETE
NAME	BUSLER, WILLIAM L.	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOYER, H STACEY	
STREET ADDRESS	1111 NORTH CHARLES STREET	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	DVPT	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/CEO/P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig D. Vermie, VP Date: 4/26/99 (319) 398-8511 Daytime Phone #

CR2E034 (1/198)