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Apr 29, 1999 8:00 am
Secretary of State

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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 % RALPH L. ARNOLD 2 EAST CHASE STREET BALTIMORE MD 21202	Mailing Address % RALPH L. ARNOLD 2 EAST CHASE STREET BALTIMORE MD 21202
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/21/1962	
4. FEI Number 52-0419790	Applied For <input type="checkbox"/> No 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 owes the current year Intangible Personal Property Tax.	<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	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 P	<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 **Craig D. Vermie, VP** 4/26/99 (319)398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)