

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90262 008 \*\*\*150.00

**DOCUMENT # 816091**

1. Entity 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



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-0419790

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

HONORABLE TOM GALLAGHER  
 COMM OF INS. DEPT OF INS.  
 LARSON BUILDING RM. 371  
 TALLAHASSEE, FL 32399-0300

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP ARNOLD, RALPH L. 2405 RAINTREE AVE. WESTMINISTER, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE HAGAN, HENRY G 1111 NORTH CHARLES STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BUSLER, WILLIAM 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYER, H STACEY 1111 NORTH CHARLES STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CLANCY, BRENDA K. 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA

**DO NOT WRITE  
 IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig D. Vermie*  
 Assistant Secretary

4/22/04  
 Date

319-398-8511  
 Daytime Phone #