

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 049 \*\*\*150.00



**DOCUMENT # 816091**  
 1. Entity 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

40060000



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      4333 EDGEWOOD RD NE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02232005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 CEDAR RAPIDS, IA

4. FEI Number      Applied For  
 52-0419790      Not Applicable

Zip      Country      Zip      Country  
 52499      USA

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HONORABLE TOM GALLAGHER COMM OF INS. DEPT OF INS. LARSON BUILDING RM. 371 TALLAHASSEE, FL 32399-0300		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL      Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DSVP	<input checked="" type="checkbox"/> Delete		TITLE	D / SVP / COO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, RALPH L.			NAME	ARNOLD, RALPH L.		
STREET ADDRESS	2405 RAINTREE AVE.			STREET ADDRESS	TWO EAST CHASE ST		
CITY-ST-ZIP	WESTMINSTER, MD			CITY-ST-ZIP	BALTIMORE, MD 21202		
TITLE	DPCE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGAN, HENRY G			NAME			
STREET ADDRESS	1111 NORTH CHARLES STREET			STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP			
TITLE	DVAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D			NAME			
STREET ADDRESS	4333 EDGEWOOD ROAD NE			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA			CITY-ST-ZIP			
TITLE	SVPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSLER, WILLIAM			NAME			
STREET ADDRESS	4333 EDGEWOOD RD. NE			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYER, H STACEY			NAME			
STREET ADDRESS	1111 NORTH CHARLES STREET			STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP			
TITLE	DVPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K.			NAME			
STREET ADDRESS	4333 EDGEWOOD RD N.E.			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA			CITY-ST-ZIP			

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:**      CRAIG D. VERMIE      2/24/05      319-398-8511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #