2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90156 045 ***150.00

DOCUMENT # 816091

1. Entity Name
MONUMENTAL LIFE INSURANCE COMPANY

50009280

03232006 Chg-P CR2E034 (11/05)

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP ARNOLD, RALPH L. TWO EAST CHASE ST BALTIMORE, MD 21202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE HAGAN, HENRY G 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA	☒ Delete	D / SVP / AS VERMIE, CRAIG D. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD BUSLER, WILLIAM 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499	☒ Delete	D / EVP NORMAN, LARRY N. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOYER, H STACEY 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT CLANCY, BRENDA K. 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA	☒ Delete	D / EVP / COO CLANCY, BRENDA K. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Assistant Secretary 3/24/06 319-398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #