
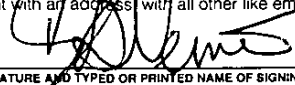


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 025 ***550.00

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	
2. Principal Place of Business - No P.O. Box # 4333 Edgewood Rd NE		3. Mailing Address 4333 Edgewood Rd NE	
Suite, Apt. #, etc. Attn: Crystal Mowrer		Suite, Apt. #, etc. Attn: Crystal Mowrer	
City & State Cedar Rapids, IA		City & State Cedar Rapids, IA	
Zip 52499	Country USA	Zip 52499	Country USA
4. FEI Number 52-0419790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. <input type="checkbox"/> Delete TWO EAST CHASE ST BALTIMORE, MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE HAGAN, HENRY G <input type="checkbox"/> Delete 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVIA VERMIE, CRAIG D <input type="checkbox"/> Delete 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NORMAN, LARRY N <input type="checkbox"/> Delete 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYER, H STACEY <input type="checkbox"/> Delete 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVC CLANCY, BRENDA K <input type="checkbox"/> Delete 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 5/24/07 Daytime Phone #: 319-355-7906	