


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90251 023 \*\*\*150.00


**DOCUMENT # 816091**  
 1. Entity Name  
**MONUMENTAL LIFE INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
 933 EDGEWOOD LN NE      933 EDGEWOOD LN NE  
 CRYSTAL MOWERER      CRYSTAL MOWERER  
 CEDAR RAPIDS, IA 52499      CEDAR RAPIDS, IA 52499

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



04282008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 52-0419790      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

**7. Name and Address of New Registered Agent**  
 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, 2008 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. TWO EAST CHASE ST BALTIMORE, MD 21202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE HAGAN, HENRY G 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVA VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NORMAN, LARRY N 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYER, H STACEY 1111 NORTH CHARLES STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVC CLANCY, BRENDA K 4333 EDGEWOOD RD N.E. CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Sr VP, Asst Secretary Vermie, Craig D. 4333 Edgewood Rd NE Cedar Rapids IA 52499	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 \_\_\_\_\_ **Craig D. Vermie, Asst Secretary**      Date: 4/29/08      Daytime Phone #: 319-355-7906