## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#816091** 

Entity Name: MONUMENTAL LIFE INSURANCE COMPANY

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
933 EDGEWOOD LN NE CRYSTAL MOWRER CEDAR RAPIDS, IA 52499				4333 EDGEWOOD ROAD NE ATTN: LINDA DVORAK CEDAR RAPIDS, IA 52499			
Current Mailing Address:				New Mailing Address:			
933 EDGEWOOD LN NE CRYSTAL MOWRER CEDAR RAPIDS, IA 52499				4333 EDGEWOOD ROAD NE ATTN: LINDA DVORAK CEDAR RAPIDS, IA 52499			
FEI Number: 52-0419790 FEI Number Applied For ( ) FEI Number				nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agen							ent:
HONORABLE TOM GALLAGHER COMM OF INS. DEPT OF INS. LARSON BUILDING RM. 371 TALLAHASSEE, FL 323990300 US							
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.							
SIGNATUR	:E:						
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	DSVP () EARNOLD, RALPH TWO EAST CHAST BALTIMORE, MD	SE ST		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DPCE () E HAGAN, HENRY 1111 NORTH CH BALTIMORE, MD	ARLES STREET		Title: Name: Address: City-St-Zip:	DPCE (X) HAGAN, HENRY 2 EAST CHASE BALTIMORE, M	STREET	
Title: Name: Address: City-St-Zip:	DSVA () E VERMIE, CRAIG 4333 EDGEWOO CEDAR RIDGE, I	DD RD. NE		Title: Name: Address: City-St-Zip:	DSVP (X) VERMIE, CRAIG 4333 EDGEWO CEDAR RAPIDS	OD RD. NE	
Title: Name: Address: City-St-Zip:	DEVP () [ NORMAN, LARRY 4333 EDGEWOO CEDAR RAPIDS,	Ý N DD RD. NE		Title: Name: Address: City-St-Zip:	DEVP (X) MULLIN, MARK 4333 EDGEWO CEDAR RAPIDS	OD RD. NE	
Title: Name: Address: City-St-Zip:	S ()E BOYER, H STAC 1111 NORTH CH BALTIMORE, MD	ARLES STREET		Title: Name: Address: City-St-Zip:	S (X) BOYER, H STAG 2 EAST CHASE BALTIMORE, M	STREET	
Title: Name: Address: City-St-Zip:	DEVC () E CLANCY, BRENE 4333 EDGEWOO CEDAR RAPIDS,	DD RD N.E.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG D. VERMIE SVP 06/24/2009