

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816091

FILED
Apr 07, 2011
Secretary of State

Entity Name: MONUMENTAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGEWOOD ROAD NE
ATTN: LINDA DVORAK
CEDAR RAPIDS, IA 52499

New Principal Place of Business:

Current Mailing Address:

4333 EDGEWOOD ROAD NE
ATTN: LINDA DVORAK
CEDAR RAPIDS, IA 52499

New Mailing Address:

FEI Number: 52-0419790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HONORABLE TOM GALLAGHER
COMM OF INS. DEPT OF INS.
LARSON BUILDING RM. 371
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DSVP
Name: ARNOLD, RALPH L
Address: TWO EAST CHASE ST
City-St-Zip: BALTIMORE, MD 21202

Title: DPCE
Name: CLANCY, BRENDA K
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DSVP
Name: VERMIE, CRAIG D
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: D
Name: MULLIN, MARK W
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: SVP
Name: BOYER, H STACEY
Address: 2 EAST CHASE STREET
City-St-Zip: BALTIMORE, MD 21202

Title: DEVP
Name: BUTTON, DARRYL D
Address: 4333 EDGEWOOD RD N.E.
City-St-Zip: CEDAR RAPIDS, IA 52499

I hereby 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 all other like empowered.

SIGNATURE: CRAIG D. VERMIE

SVP

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date