2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90984 009 ***150.00

DOCUMENT # 816091

1. Entity Name
MONUMENTAL LIFE INSURANCE COMPANY

11022241

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

☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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. 2405 RAINTREE AVE. WESTMINISTER MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP, [illegible] Robert J. Kontz 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE HAGAN, HENRY G 1111 NORTH CHARLES STREET BALTIMORE MD 21202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Exec VP Larry N. Norman 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP, Asst Secretary Craig D. Vermie 4333 Edgewood Road NE Cedar Rapids, IA 52499	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD BUSLER, WILLIAM 4333 EDGEWOOD RD. NE CEDAR RAPIDS IA 52499	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Chief Tax Officer, Director Arthur C. Schneider 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOYER, H STACEY 1111 NORTH CHARLES STREET BALTIMORE MD 21202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP, Corp Actuary Darryl D. Button 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT CLANCY, BRENDA K. 4333 EDGEWOOD RD N.E. CEDAR RAPIDS IA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE REQUIRED Craig D. Vermie Director, VP, Asst. Secretary 4/25/03 319-398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #