

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816091

**Entity Name:** MONUMENTAL LIFE INSURANCE COMPANY

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC5636944923**

**Current Principal Place of Business:**

4333 EDGEWOOD ROAD NE  
ATTN: STEPHANIE HUFFORD  
CEDAR RAPIDS, IA 52499

**Current Mailing Address:**

4333 EDGEWOOD ROAD NE  
ATTN: STEPHANIE HUFFORD  
CEDAR RAPIDS, IA 52499 US

**FEI Number: 52-0419790**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HONORABLE TOM GALLAGHER  
COMM OF INS. DEPT OF INS.  
LARSON BUILDING RM. 371  
TALLAHASSEE, FL 32399-0300 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ARNOLD, RALPH L  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title D, P, CEO  
Name CLANCY, BRENDA K  
Address 4333 EDGEWOOD ROAD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

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

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

Title S & VP  
Name BOYER, H STACEY  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title D  
Name KATWIJK, C. MICHEL VAN  
Address 4333 EDGEWOOD RD N.E.  
City-State-Zip: CEDAR RAPIDS IA 52499

Title D  
Name KONTZ, ROBERT J  
Address 4333 EDGEWOOD ROAD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

Title D  
Name SCHNEIDER, ARTHUR C  
Address 4333 EDGEWOOD ROAD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

**Continues on page 2**

*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**

**SENIOR VICE PRESIDENT 04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title T  
Name WRIGHT, KAREN R  
Address 100 LIGHT STREET  
FLOOR B1  
City-State-Zip: BALTIMORE MD 21202