

1.) CORPORATION NAME:

Monumental Life Insurance Company

DUE DATE: **6/30/2011**

SCC ID NO: **F0048720**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10,000
COMB	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4333 EDGEWOOD RD NE

CITY/ST/ZIP: CEDAR RAPIDS, IA 52499-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CRAIG D VERMIE
TITLE: SR VP/GC/AS
ADDRESS: 4333 EDGEWOOD RD NE
CITY/ST/ZIP/CO: RAPIDS, IA 52499-

OFFICER

DIRECTOR

NAME: H STACEY BOYER
TITLE: SEC/VP
ADDRESS: TWO EAST CHASE STREET
CITY/ST/ZIP/CO: BALTIMORE, MD 21201-

OFFICER

DIRECTOR

NAME: PAUL C LATCHFORD
TITLE: VICE PRESIDENT
ADDRESS: 520 PARK AVENUE
CITY/ST/ZIP/CO: BALTIMORE, MD 21201-

OFFICER

DIRECTOR

NAME: BRENDA K CLANCY
TITLE: PRESIDENT
ADDRESS: 4333 EDGEWOOD RD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CRAIG D VERMIE

CRAIG D VERMIE, SR VP/GC/AS

5/6/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.