

1.) CORPORATION NAME: Monumental Life Insurance Company	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F0048720
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
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: BRENDA K CLANCY TITLE: PRESIDENT ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG D VERMIE TITLE: SR VP/GC/AS ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H STACEY BOYER TITLE: SEC/VP ADDRESS: 100 LIGHT STREET, FLOOR B1 CITY/ST/ZIP/CO: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER LINTECUM TITLE: VICE PRESIDENT ADDRESS: 4333 Edgewood RD NE CITY/ST/ZIP/CO: Cedar Rapids, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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	5/31/2013
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.