

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morthani  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **819113** (2)

1. Corporation Name  
**ALLEGIANCE LIFE INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**ATTN: TAX DEPT. #1 HORACE MANN PLAZA SPRINGFIELD IL 62715**  
**ATTN: TAX DEPT. #1 HORACE MANN PLAZA SPRINGFIELD IL 62715**

3. Date Incorporated or Qualified **10/27/1965** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **95-1858796** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**COMM. OF INS. AND TREASURY  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BECKER, LARRY K	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CAPARROS, ANN M	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	AVTO	<input type="checkbox"/> DELETE
NAME	BARNETT, DIANE	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ZOCK, GEORGE J.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARDOS, PAUL J	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	INKEL, ALBERT H	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Neane Barnes* *Diane Barnett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(217) 788-5385

CR2E034 (3/96)

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**ALLEGIANCE LIFE INSURANCE COMPANY  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS AND DIRECTORS LISTING  
As of December 31, 1995**

Question #12

<b>TITLE</b>	<b>NAME</b>	<b>OFFICE ADDRESS</b>
D/V	Bonnett, Gerard F.	#1 Horace Mann Plaza Springfield, IL 62715
D/V	Najim, Edward L.	#1 Horace Mann Plaza Springfield, IL 62715
V	Arisman, A. Thomas	#1 Horace Mann Plaza Springfield, IL 62715
V	Leitermann, John H.	#1 Horace Mann Plaza Springfield, IL 62715
V	Fisher, Roger W.	#1 Horace Mann Plaza Springfield, IL 62715
AV	Hunt, William C.	#1 Horace Mann Plaza Springfield, IL 62715
AS	Egizii, Mary Jo	#1 Horace Mann Plaza Springfield, IL 62715
AS	Sacco, Linda L.	#1 Horace Mann Plaza Springfield, IL 62715
AT	Wiggers, Milton J.	#1 Horace Mann Plaza Springfield, IL 62715