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FILED
May 16 1997 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819113 (2)
 1. Corporation Name
ALLEGIANCE LIFE INSURANCE COMPANY



Principal Place of Business ATTN: TAX DEPT. #1 HORACE MANN PLAZA SPRINGFIELD IL 62715	Mailing Address ATTN: TAX DEPT. #1 HORACE MANN PLAZA SPRINGFIELD IL 62701-1324
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3. Date Incorporated or Qualified 10/27/1965	3a. Date of Last Report 06/17/1996
4. FEI Number 95-1858796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29

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

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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten Signature]* DATE *[Handwritten Date]*

CR2E034 (9/96)

**ALLEGIANCE LIFE INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

As of December 31, 1996

TITLE	NAME	OFFICE ADDRESS
EV	NAJIM, EDWARD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	BONNETT, GERARD F.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715