


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 819113 (2)**  
 1. Corporation Name  
**ALLEGIANCE LIFE INSURANCE COMPANY**



Principal Place of Business <b>ATTN: TAX DEPT.                  #1 HORACE MANN PLAZA                  SPRINGFIELD IL 62715</b>	Mailing Address <b>ATTN: TAX DEPT.                  #1 HORACE MANN PLAZA                  SPRINGFIELD IL 62715</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1965</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-1058796</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>COMM. OF INS. AND TREASURY                  CAPITOL BUILDING                  TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	SEE ATTACHED LIST			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, LARRY K		1.2 NAME				
STREET ADDRESS	1 HORACE MANN PLAZA		1.3 STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		1.4 CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M		2.2 NAME				
STREET ADDRESS	#1 HORACE MANN PLAZA		2.3 STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		2.4 CITY-ST-ZIP				
TITLE	AVTO	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE		3.2 NAME				
STREET ADDRESS	1 HORACE MANN PLAZA		3.3 STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		3.4 CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOCK, GEORGE J.		4.2 NAME				
STREET ADDRESS	1 HORACE MANN PLAZA		4.3 STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		4.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDOS, PAUL J		5.2 NAME				
STREET ADDRESS	1 HORACE MANN PLAZA		5.3 STREET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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: *Diane Barnett* (217)  
 788-5385

CR2E034 (10/97)

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

As of December 31, 1997

<b>TITLE</b>	<b>NAME</b>	<b>OFFICE</b>
EV	NAJIM, EDWARD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
V	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
AS	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
SV	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62