## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT #819113**

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

Principal Place of Business

## ALLEGIANCE LIFE INSURANCE COMPANY

2. Principal Pace of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  City & State  COUNTRY  Zip  Zip  Zip  Zip	#1 HORACE MANN PLAZA #1 HORAC SPRINGFIELD IL 62715 SPRINGFII		ATTN: TAX DEPT. #1 HORACE MANN PLAZA SPRINGFIELD IL 62715-0001		5 ,		HI BIBH # <b>F</b> B)	
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of Status			3. Mailing Address					
Second control   Seco	Suite, Apt. #, etc. Suite, Apt. #, etc.		<u></u>	DO NOT WRITE IN	THIS SPACE			
Country   Country   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requir	City & State City & State		City & State		4. FEI Number 95-1858796			
COMM. OF INS. AND TREASURY CAPITOL BUILDING TALLAHASSEE FL 32304  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed nume of registered speed when registered office or registered	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	ditional	
COMM. OF INS. AND TREASURY CAPTOL BUILDING TALLAHASSEE FL 32304  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signium, typed or printed name of registered agent and the £ applicable  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Added foes (See criteria on back)  11. SEE ST50.00 Make Check Payable to Department of State  DV After MAY 1, 2000, Fee will be \$559.00 Make Check Payable to Department of State  11. SEE CHANAS K  BECKER, LARRY K  TITLE  DV DECKER, LARRY K  STREET ADDRESS CITY-ST-ZIP  TITLE  DVS DVS Delete  TITLE  DVS DVS Delete  TITLE  DVS DVS Delete  TITLE  DVS DVS Delete  TITLE  DVS DRANN PLAZA STREET ADDRESS CITY-ST-ZIP  DVS DRANNE STREET ADDRESS CITY-ST-ZIP  DRANCE MANN PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DRANCE MANN PLAZA STREET ADDRESS CITY-ST-ZIP  Change Addition  NAME  Change Change when retreated when retreated when retreated when retreated agent are defected to file of the provided agent and the £ apolected STREET ADDRESS CITY-ST-ZIP  Change Change When retreated when retreated when retr	-	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Regist	ered Agent		
CAPTOL BUILDING TALLAHASSEE FL 32304  City FL Zip Code  City FL City FL Zip Code  City FL Zip Code  City FL City FL Zip Code  City FL Zip Code  City FL City Flore agent, or both, in the State of Florida.  City Flore agent, or both, in the State of Florida				Name				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE    Signature, typed or purised name of registered agent and the if applicable.   (NOTE Registered Agent agreeture required when remainshing)   DAYE	CAPITOL BUILDING			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Suprature, typeed or purited name of registered agent and late if applicable. (NOTE: Registered Agent alignature required when reinstating)  Part Fling requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so. (See criteria on back)  BECKER, LARRY K  TITLE  DV  Delete  TITLE  DV  Delete  TITLE  DVS  TITLE  DVS  TITLE  DVS  TITLE  DVS  TITLE  DVS  Delete  TITLE  DVS  Delete  TITLE  DVS  Delete  TITLE  DVS  CHANGE HANN PLAZA  STREET ADDRESS  CITY-ST-ZIP  TITLE  AVTO  Delete  Delete  TITLE  AVTO  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Dele	INE	SAINOOLL I'L GLOOT		City		FL Zip Cod	е	
TITLE DV Delete TITLE   DV   Delete   TITLE   DELETE   DELETE   DELETE   DELETE   DV   DV   DELETE   DV   DV   DELETE   DV   DV   DELETE   DV   DV   DV   DV   DV   DV   DV   D	Tax filing r	requirement and elects to do so.	After MAY 1,	2000,Fee will be \$550.	Trust Fund Contribution			
TITLE DV Delete TITLE	11. SEF	ATT AC HEDEFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE AVTO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		I		TITLE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  STREET ADDRESS CITY-ST-ZIP  SPRINGFIELD IL  STREET ADDRESS CITY-ST-ZIP  SPRINGFIELD IL  STREET ADDRESS CITY-ST-ZIP  SPRINGFIELD IL  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET		BECKER, LARRY K		NAME			Ì	
CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS			Ì	
TITLE DVS Delete TITLE CAPARROS, ANN M NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME BARNETT, DIANE STREET ADDRESS CITY-ST-ZIP TITLE VTD Delete DIL TITLE VTD Delete TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE VTD Delete TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE TITLE VTD DELETE TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE VTD CHANGE ADDRESS CITY-ST-ZIP TITLE TORACE MANN PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TORACE MANN PLAZA STREET ADDRESS STRE	CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE VTD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE VTD STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE VTD STREET ADDRESS CITY-ST-ZIP  TITLE  TI	TITLE		□ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE NAME BARNETT, DIANE STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE VTD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE VTD STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE VTD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE PD Delete TITLE NAME KARDOS, PAUL J  STREET ADDRESS STREET ADDRESS TITLE NAME NAME NAME  STREET ADDRESS TITLE NAME NAME NAME NAME  STREET ADDRESS TITLE NAME NAME NAME		- · -	<u> </u>				-	
CITY-ST-ZIP  SPRINGFIELD IL  TITLE  AVTO  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VTD  SPRINGFIELD IL  TITLE  VTD  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VTD  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  NAME  CITY-ST-ZIP  Delete  TITLE  NAME  CITY-ST-ZIP  Delete  TITLE  NAME  CITY-ST-ZIP  NAME				STREET ADDRESS			1	
TITLE AVTO Delete TITLE NAME  NAME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  VTD Delete  TITLE  VTD Change  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  PD Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  CITY-ST-ZIP  NAME  CHANGE  Addition  Addition	CITY-ST-ZIP			CITY-ST-ZIP			1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VTD NAME STREET ADDRESS CITY-ST-ZIP TITLE VTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE PD Delete TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	TITLE	<u> </u>	☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME ZOCK, GEORGE J. THORACE MANN PLAZA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME TITLE NAME NAME NAME			D0000			_ •	_	
CITY-ST-ZIP  TITLE  VTD  NAME  ZOCK, GEORGE J.  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  TITLE  NAME  NAME  TITLE  NAME  NAME				STREET ADDRESS				
TITLE VTD Delete TITLE NAME  ZOCK, GEORGE J. STREET ADDRESS CITY-SI-ZIP  TITLE PD Delete TITLE NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE PD Delete TITLE NAME  KARDOS, PAUL J  Delete TITLE NAME	CITY-ST-ZIP			CITY-ST-ZIP			ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE NAME  KARDOS, PAUL J  NAME  NAME  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  NAME  NAME  NAME  NAME  NAME  NAME  NAME	TITI F		□ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL  TITLE PD Delete TITLE NAME KARDOS, PAUL J STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  CITY-ST-ZIP  NAME						_		
CITY-SI-ZIP SPRINGFIELD IL CITY-ST-ZIP  TITLE PD Delete TITLE NAME KARDOS, PAUL J NAME		i ·			****			
TITLE PD Delete TITLE Change Addition NAME KARDOS, PAUL J NAME				CITY-ST-ZIP	ž.			
NAME KARDOS, PAUL J	-		□ Doloto	TITLE		☐ Channe	Addition	
		,	T DRIEGE				_	
STREET ADDRESS 1 HORACE MANN PLAZA STREET ADDRESS 12.				STREET ADDRESS	j.E.			

13. 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 report or supplemental 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 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

SPRINGFIELD IL

CHRISMAN, VALERIA A

SPRINGFIELD IL 62715

#1 HORACE MANN PLAZA

☐ Change

☐ Addition

**FILED** 

May 03, 2000 8:00 am Secretary of State

05-03-2000 90058 029 \*\*\*150.00

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

As of January 25, 2000

TITLE	NAME	OFFICE ADDRESS
VT	HENDERSON, J. MICHAEL	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	FISHER, ROGER W.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINIOS 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, THOMAS A.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	VIGNOLA, MICHAEL R.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEITERMANN, JOHN H.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715