


**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90084 022 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # 819113			
1. Entity 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 62715	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		03122005 Chg-P CR2E034 (10/03) Applied For Not Applicable	
4. FEI Number 95-1858796		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMM. OF INS. AND TREASURY CAPITOL BUILDING TALLAHASSEE, FL 32304		Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>SEE ATTACHED LIST</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN, PETER H	NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, IL	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M	NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, IL	CITY-ST-ZIP	
TITLE	AVTO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE	NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, IL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, DOUGLAS W	NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, IL 62715	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWER, LOUIS G II	NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, IL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISMAN, VALERIA A	NAME	FRANK D'AMBRA III
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	#1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, IL 62715	CITY-ST-ZIP	Springfield, IL 62715
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Diane Barnett</u>		Date: <u>5/2/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>(617) 7885385</u>	
A. V. P. & Tax Compliance Officer			