

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 007 ***150.00

60010420



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 - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
		01242007	Chg-P	CR2E034 (12/06)	
4. FEI Number 95-1858796			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECKMAN, PETER H 1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP & TAX Director</i> <i>Alice A. Lowry</i> <i>1 HORACE MANN PLAZA</i> <i>Springfield, IL 62715</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M #1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVTO BARNETT, DIANE 1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, DOUGLAS W 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWER, LOUIS G II 1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMBRA, FRANK III # 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Alice A. Lowry</i>		Alice A. Lowry			
		1/27/07	217-788-5393		
		<small>Date</small>	<small>Date/Time Phone #</small>		

ATTACHMENT
40010420
#819113

ALLEGIANCE LIFE INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews
Ann M. Caparrós
Frank D'Ambra III
*Peter H. Heckman
Robert B. Joyner
*Louis G. Lower II
*Douglas W. Reynolds

*Member of Executive Committee

OFFICERS ELECTED BY THE BOARD OF DIRECTORS

Chairman, President & Chief Executive Officer
Executive Vice President & Chief Financial Officer
Senior Vice President & Controller
Senior Vice President, Finance
Senior Vice President, Marketing
Senior Vice Presidents:

Vice President, General Counsel & Corporate Secretary
Vice President, Chief Counsel & Assistant Corporate Secretary
Vice President & Treasurer
Vice President, Actuarial/Annuity Retention
Vice President & Chief Actuary
Vice President & Audit Director
Vice President & Tax Director
Vice Presidents:

Assistant Vice President & Tax Compliance Officer

Louis G. Lower II
Peter H. Heckman
Bret A. Conklin
Dwayne D. Hallman
Robert B. Joyner
Paul D. Andrews
Frank D'Ambra III
Ann M. Caparrós
Rhonda R. Armstead
Angela S. Christian
John H. Leitermann
Robert E. Rich
Deborah F. Kretchmar
Alice A. Lowry
Dennis J. Duffin
Clara L. McDaniels
Diane M. Barnett

31 January 2007