


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 048 ***150.00

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 # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------



03262008 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 COMM. OF INS. AND TREASURY CAPITOL BUILDING TALLAHASSEE, FL 32304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

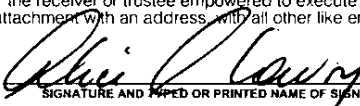
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lowry, Alice A. 1 HORACE MANN PLAZA Springfield, IL 62715
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christian, Angela S. 1 HORACE MANN PLAZA Springfield, IL 62715

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:  **Alice A. Lowry** **4/3/08** **217-788-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40060153

#819113

ALLEGIANCE LIFE INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews
Ann M. Caparrós
Frank D'Ambra III
*Peter H. Heckman
*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
Executive Vice President, Insurance Operations
Senior Vice President & Controller
Senior Vice President, Finance
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 President
Assistant Vice President & Tax Compliance Officer

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

01 January 2008