

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819113

FILED
Apr 12, 2012
Secretary of State

Entity Name: ALLEGIANCE LIFE INSURANCE COMPANY

Current Principal Place of Business:

ATTN: CORPORATE TAX DEPT
1 HORACE MANN PLAZA
SPRINGFIELD, IL 627150001 US

New Principal Place of Business:

Current Mailing Address:

ATTN: CORPORATE TAX DEPT
1 HORACE MANN PLAZA
SPRINGFIELD, IL 627150001 US

New Mailing Address:

FEI Number: 95-1858796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMM. OF INS. AND TREASURY
CAPITOL BUILDING
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DV
Name: HALLMAN, DWAYNE D
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DVS
Name: CAPARROS, ANN M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: VP
Name: PROVENZANO, CRAIG S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: D
Name: WILKINSON, THOMAS C
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: PD
Name: HECKMAN, PETER H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: T
Name: CHRISTIAN, ANGELA S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG S. PROVENZANO

VP

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date