

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90076 047 \*\*\*150.00

0698340 AB

**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

40002003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **95-1858796** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. ~~SEE ATTACHED LIST~~ OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	HECKMAN, PETER H	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CAPARROS, ANN M	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	AVTO	<input type="checkbox"/> Delete
NAME	BARNETT, DIANE	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZOCK, GEORGE J.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWER, LOUIS G II	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISMAN, VALERIA A	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Diiane Barnett* **REQUIRED** **Diiane Barnett** APR 15 2003 217-788-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

# Attachment #

ALLEGIANCE LIFE INSURANCE COMPANY  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS & DIRECTORS LISTING  
As Of January 21, 2003

10082653  
819113

TITLE	NAME	OFFICE ADDRESS
D/P/C	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V/S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HALLMAN, DWAYNE D.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/AS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	RICH, ROBERT E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

Attachment #

10082653

819113

V	KRETCHMAR, DEBORAH F.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	TITONE, PETER M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

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