

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819113

**Entity Name:** ALLEGIANCE LIFE INSURANCE COMPANY**Current Principal Place of Business:**ATTN: CORPORATE TAX DEPT  
1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001**Current Mailing Address:**ATTN: CORPORATE TAX DEPT  
1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001 US**FEI Number:** 95-1858796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMM. OF INS. AND TREASURY  
CAPITOL BUILDING  
TALLAHASSEE, FL 32304 US*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

**Officer/Director Detail :**

Title	DV
Name	HALLMAN, DWAYNE D
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

Title	DVS
Name	CAPARROS, ANN M
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

Title	VP
Name	PROVENZANO, CRAIG S
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

Title	D
Name	WILKINSON, THOMAS C
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

Title	PD
Name	HECKMAN, PETER H
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

Title	T
Name	CHRISTIAN, ANGELA S
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715-0001

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

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date