

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

FILED
Apr 29, 2013
Secretary of State
CC7476913532

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