FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 819113 (2)

1. Corporation Name

ALLEGIANCE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ATTN TAX DEPT #1 HORACE MANN PLAZA SPRINGFIELD IL 62715	ATTN TAX DEPT #1 HORACE MANN PLAZA SPRINGFIELD IL 62715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-1858796 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	DV	☒ Change ☐ Addition
NAME	TARR, PAUL C	12 NAME	BECKER, LARRY K.	
STREET ADDRESS	1 HORACE MANN PLAZA	13 STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY · ST · ZIP	SPRINGFIELD IL	14 CITY · ST · ZIP	SPRINGFIELD, IL 62715	
TITLE	D	21 TITLE	DVS	☒ Change ☐ Addition
NAME	ARISMAN, THOMAS A.	22 NAME	CAPARROS, ANN M.	
STREET ADDRESS	#1 HORACE MANN PLAZA	23 STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY · ST · ZIP	SPRINGFIELD IL	24 CITY · ST · ZIP	SPRINGFIELD, IL 62715	
TITLE	DV	31 TITLE	AV/TO	☒ Change ☐ Addition
NAME	MCKEE, CLARK W.	32 NAME	BARNETT, DIANE	
STREET ADDRESS	1 HORACE MANN PLAZA	33 STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY ST ZIP	SPRINGFIELD IL	34 CITY ST ZIP	SPRINGFIELD, IL 62715	
TITLE	VTD	41 TITLE		☐ Change ☐ Addition
NAME	ZOCK, GEORGE J.	42 NAME		
STREET ADDRESS	1 HORACE MANN PLAZA	43 STREET ADDRESS		
CITY ST ZIP	SPRINGFIELD IL	44 CITY ST ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	KARDOS, PAUL J	52 NAME		
STREET ADDRESS	1 HORACE MANN PLAZA	53 STREET ADDRESS		
CITY ST ZIP	SPRINGFIELD IL	54 CITY ST ZIP		
TITLE	V	61 TITLE	DV	☒ Change ☐ Addition
NAME	LEITERMANN, JOHN H.	62 NAME	INKEL, H. ALBERT	
STREET ADDRESS	1 HORACE MANN PLAZA	63 STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY ST ZIP	SPRINGFIELD IL	64 CITY ST ZIP	SPRINGFIELD, IL 62715	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Barnett Diane Barnett 5-01-95 (217) 788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6074424

819115

ALLEGIANCE LIFE INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS AND DIRECTORS LISTING
AS OF MAY 25, 1994

QUESTION #12

TITLE	NAME	OFFICE ADDRESS
D/V	Najim, Edward L.	#1 Horace Mann Plaza Springfield, Illinois 6271
D/V	Stilwill, Richard W.	#1 Horace Mann Plaza Springfield, Illinois 6271
V	McKee, Clark W.	#1 Horace Mann Plaza Springfield, Illinois 6271
V	Paul C. Tarr, III	#1 Horace Mann Plaza Springfield, Illinois 6271
V	Arisman, A. Thomas	#1 Horace Mann Plaza Springfield, Illinois 6271
V	Leiterman, John H.	#1 Horace Mann Plaza Springfield, Illinois 6271
V	Fisher, Roger W.	#1 Horace Mann Plaza Springfield, Illinois 6271
V	Hunt, William C.	#1 Horace Mann Plaza Springfield, Illinois 6271
A/S	Egizii, Mary Jo	#1 Horace Mann Plaza Springfield, Illinois 6271
A/S	Sacco, Linda L.	#1 Horace Mann Plaza Springfield, Illinois 6271
A/T	Wiggers, Milton J.	#1 Horace Mann Plaza Springfield, Illinois 6271