

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819113

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ALLEGIANCE LIFE INSURANCE COMPANY

## Current Principal Place of Business:

ATTN: TAX DEPT.  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

## New Principal Place of Business:

## Current Mailing Address:

ATTN: TAX DEPT.  
#1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: HECKMAN, PETER H  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: DVS ( ) Delete  
Name: CAPARROS, ANN M  
Address: #1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: V ( ) Delete  
Name: LOWRY, ALICE A  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: VD ( ) Delete  
Name: REYNOLDS, DOUGLAS W  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: PD ( ) Delete  
Name: LOWER, LOUIS G II  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: T ( ) Delete  
Name: CHRISTIAN, ANGELA S  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILKINSON, THOMAS C  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICE A LOWRY

V

04/28/2009

Electronic Signature of Signing Officer or Director

Date

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**ALLEGIANCE LIFE INSURANCE COMPANY**

**BOARD OF DIRECTORS**

Paul D. Andrews  
Ann M. Caparrós  
\*Peter H. Heckman  
\*Louis G. Lower II  
\*Thomas C. Wilkinson

\*Member of Executive Committee

**OFFICERS ELECTED BY THE BOARD OF DIRECTORS**

Chairman, President & Chief Executive Officer  
Executive Vice President & Chief Financial Officer  
Executive Vice President & Chief Marketing Officer  
Senior Vice President & Controller  
Senior Vice President, Finance  
Senior Vice Presidents:

Vice President, General Counsel & Corporate Secretary  
Vice President, Chief Counsel & Assistant Corporate Secretary  
Vice President & Treasurer  
Vice President, Actuarial/Annuity Retention  
Vice President & Chief Actuary  
Vice President & Tax Director  
Vice Presidents:

Assistant Vice President & Tax Compliance Officer

Louis G. Lower II  
Peter H. Heckman  
Stephen P. Cardinal  
Bret A. Conklin  
Dwayne D. Hallman  
Paul D. Andrews  
Brent Hamann  
Ann M. Caparrós  
Rhonda R. Armstead  
Angela S. Christian  
John H. Leitermann  
Robert E. Rich, Jr.  
Alice A. Lowry  
Dennis J. Duffin  
Wesley H. Siebrass  
Diane M. Barnett

17 February 2009