

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002878

1. Entity Name

ALLEGIANCE INSURANCE COMPANY

Principal Place of Business

Mailing Address

1 HORACE MANN PLAZA  
SPRINGFIELD IL 62715

1 HORACE MANN PLAZA  
SPRINGFIELD IL 62715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-2413390

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. SEE ATTACHED OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME KARDOS, PAUL J  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE PD ☒ Change ☐ Addition  
NAME LOUIS G. LOWER II  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BECKER, LARRY K  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE VPD ☒ Change ☐ Addition  
NAME PETER H. HECKMAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME STOOKSBURY, WALTER E  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE VPD ☒ Change ☐ Addition  
NAME ANN M. CAPARRÓS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ZOCK, GEORGE J  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME FISHER, ROGER W  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE ☐ Change ☐ Addition  
NAME THOMAS K. MANION  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME VIGNOLA, MICHAEL R  
STREET ADDRESS 1 HORACE MANN PLAZA  
CITY-ST-ZIP SPRINGFIELD IL 62715

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE BARNETT

04/30/01

DATE

217-788-5385

DAYTIME PHONE #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90114 017 \*\*\*150.00

A0066834



DO NOT WRITE IN THIS SPACE

0600756

CR2E034 (10/00)

Doc # 99000002878  
Attachment  
A006834

**ALLEGIANCE INSURANCE COMPANY  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS & DIRECTORS LISTING**

As of March 27, 2001

<b>TITLE</b>	<b>NAME</b>	<b>OFFICE ADDRESS</b>
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VP	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VP	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VP	ROBERTS JR., LEONARD	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	BARNETT, DIANE M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VP	LEE, ROBERT H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	VALERIE CHRISMAN	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715