

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90056 050 ***150.00

DOCUMENT # F99000002878 *N/C NOT FILED*

1. Entity Name
~~ALLEGIANCE INSURANCE COMPANY~~
 HORACE MANN PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business
 1 HORACE MANN PLAZA
 SPRINGFIELD IL 62715

Mailing Address
 1 HORACE MANN PLAZA
 SPRINGFIELD IL 62715

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 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

INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent
 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 reinstating) 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, 2002 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 LIST* OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWER, LOUIS G II	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HECKMAN, PETER H	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	CAPARROS, ANN M	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZOCK, GEORGE J	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANION, THOMAS K	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIGNOLA, MICHAEL R	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL 62715	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, BRET A.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, DANIEL M.
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: *[Signature]* **SIGNATURE REQUIRED** *DIANE BARNETT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2002 217-788-5385
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # 59900002878 / 666158-1

**HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY
FORMERLY ALLEGIANCE INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

As of February 8, 2002

PAGE 1

TITLE	NAME	OFFICE ADDRESS
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	BIANCHI, DENNIS E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAT	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
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	ROBERTS JR., LEONARD O.	#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
V	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	ATKINSON, RICHARD V.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	VALERIE CHRISMAN	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
PD	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VD	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715

Attachment # F99 000002878/06/SS1

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V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VD	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VSD	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715