


**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

05-01-2006 90309 035 \*\*\*150.00  
 06-30-2006 90001 008 \*\*\*\*35.00

<b>DOCUMENT # F99000002878</b>			
1. Entity Name <b>ALEGIANCE-INSURANCE-COMPANY</b>			
Principal Place of Business <b>1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>		Mailing Address <b>1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LOWER, LOUIS G II 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD HECKMAN, PETER H 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSD CAPARROS, ANN M 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Heane Barnett Klavick Barnett</u>		Date: <u>4/11/2006</u> Daytime Phone #: <u>217-788-5385</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40097593  


01052006 Chg-P CR2E034 (11/05)

4. FEI Number **95-2413390** Applied For  Not Applicable

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

*See Attached Listing*

ATTACHMENT 40097593  
~~#F99000002878~~

Horace Mann Property & Casualty Insurance Company  
Document: F99000002878

**Board of Directors**  
Paul D. Andrews  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Ann M. Caparros  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Frank D'Ambr III  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Peter H. Heckman  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Robert B. Joyner  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Louis G. Lower II  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Board of Directors**  
Douglas W. Reynolds  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Chairman, President & Chief Executive Officer**  
Louis G. Lower II  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Executive V. President & Chief Financial Officer**  
Peter H. Heckman  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Executive Vice President**  
Douglas W. Reynolds  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Senior Vice President & Controller**  
Bret A. Conklin  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Senior Vice President, Finance**  
Dwayne D. Hallman  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Senior Vice President, Marketing**  
Robert B. Joyner  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Senior Vice President, Claims**  
Dennis E. Bianchi  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President/General Counsel & Corporate Secretary  
& Chief Compliance Officer**  
Ann M. Caparros  
#1 Horace Mann Plaza  
Springfield, IL 62715

ATTACHMENT 40097593  
#F99000002878

Horace Mann Property & Casualty Insurance Company  
Document: F99000002878

**Vice President Chief Counsel & Assistant Corporate Secretary**

Rhonda R. Armstead  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President & Treasurer**

Angela S. Christian  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President & Chief Actuary**

Richard V. Atkinson  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President & Audit Director**

Deborah F. Kretchmar  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President:**

Lisa J. Brubaker  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President**

Richard A. Doran  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President**

Christopher M. Fehr  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Vice President**

Clara L. McDaniels  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Assistant Vice President & Tax Compliance Officer**

Diane M. Barnett  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Assistant Vice President**

Donald L. Closter  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Assistant Vice President**

David H. Ousley  
#1 Horace Mann Plaza  
Springfield, IL 62715

**Assistant Vice President**

Judith A. Walsh  
#1 Horace Mann Plaza  
Springfield, IL 62715

ATTACHMENT 40097593

PROFIT CORPORATION #F99000002828

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

- 1. Allegiance Insurance Company (Name of corporation as it appears on the records of the Department of State)
2. California (Incorporated under laws of)
3. 28 May 1999 (Date authorized to do business in Florida)

SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 19 March 2001

5. Horace Mann Property & Casualty Insurance Company (Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

6. If the amendment changes the period of duration, indicate new period of duration. (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction)

Ann M. Caparros (Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

6/22/06 (Date)

Ann M. Caparros (Typed or printed name)

Corporate Secretary (Title)

**ATTACHMENT  
TRANSMITTAL LETTER**

40097593

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allegiance Insurance Company  
(Name of corporation)

**DOCUMENT NUMBER:** F99000002878

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linea Michael  
(Name of person)

The Horace Mann Companies  
(Name of firm/company)

1 Horace Mann Plaza - G100  
(Address)

Springfield, IL 62715  
(City/state and zip code)

For further information concerning this matter, please call:

Linea Michael at ( 217 ) 788-5710  
(Name of person) (Area code & daytime telephone number)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399