

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90017 006 \*\*\*150.00

60010344



DOCUMENT # F99000002878					
1. Entity Name ALLEGIANCE 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 95-2413390	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP & TAX DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWER, LOUIS G II		NAME	Alice A. Lowry	
STREET ADDRESS	1 HORACE MANN PLAZA		STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP	Springfield, IL 62715	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN, PETER H		NAME		
STREET ADDRESS	1 HORACE MANN PLAZA		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M		NAME		
STREET ADDRESS	1 HORACE MANN PLAZA		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, CHRISTOPHER M		NAME		
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, LISA J		NAME		
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP		
TITLE	VPCA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, RICHARD V		NAME		
STREET ADDRESS	#1 HORACE MANN PLAZA		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62715		CITY-ST-ZIP		
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>Alice A. Lowry</u>		Alice A. Lowry		1/27/07 217-788-5393	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	

ATTACHMENT

60010421

# F99000002878

HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews  
Ann M. Caparrós  
Frank D'Ambra III  
\*Peter H. Heckman  
Robert B. Joyner  
\*Louis G. Lower II  
\*Douglas W. Reynolds

\*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  
Senior Vice President & Controller  
Senior Vice President, Finance  
Senior Vice President, Marketing  
Senior Vice President, Claims  
Senior Vice President  
Vice President, General Counsel, Corporate Secretary  
& Chief Compliance Officer  
Vice President, Chief Counsel & Assistant Corporate Secretary  
Vice President & Treasurer  
Vice President & Chief Actuary  
Vice President & Audit Director  
Vice President & Tax Director  
Vice Presidents:

Assistant Vice President & Tax Compliance Officer  
Assistant Vice Presidents:

Louis G. Lower II  
Peter H. Heckman  
Douglas W. Reynolds  
Bret A. Conklin  
Dwayne D. Hallman  
Robert B. Joyner  
Dennis E. Bianchi  
Thomas C. Wilkinson

Ann M. Caparrós  
Rhonda R. Armstead  
Angela S. Christian  
Richard V. Atkinson  
Deborah F. Kretchmar  
Alice A. Lowry  
Van A. McNeal  
Richard A. Doran  
Clara L. McDaniels  
Diane M. Barnett  
Donald L. Closter  
David H. Ousley  
Judith A. Walsh

22 September 2006