

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002878

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALLEGIANCE INSURANCE COMPANY

Current Principal Place of Business:

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

New Principal Place of Business:

Current Mailing Address:

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

New Mailing Address:

FEI Number: 95-2413390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PD () Delete
Name: LOWER, LOUIS G II
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715

Title: VPD () Delete
Name: HECKMAN, PETER H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715

Title: S () Delete
Name: CAPARROS, ANN M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715

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

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

Title: D () Delete
Name: ANDREWS, PAUL D
Address: 1 HORACE MANN PL
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date

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HORACE MANN PROPERTY & CASUALTY 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
Executive Vice President
Senior Vice President & Controller
Senior Vice President, Finance
Senior Vice President, Claims
Vice President, General Counsel, Corporate Secretary
& Chief Compliance Officer
Vice President, Chief Counsel & Assistant Corporate Secretary
Vice President & Treasurer
Vice President & Chief Actuary, Property & Casualty
Vice President & Tax Director
Vice Presidents:

Assistant Vice President & Tax Compliance Officer
Assistant Vice Presidents: —

Louis G. Lower II
Peter H. Heckman
Stephen P. Cardinal
Thomas C. Wilkinson
Bret A. Conklin
Dwayne D. Hallman
Dennis E. Bianchi
Ann M. Caparrós

Rhonda R. Armstead
Angela S. Christian
Richard V. Atkinson
Alice A. Lowry
Van A. McNeal
Richard A. Doran
Diane M. Barnett
Donald L. Closter
David H. Ousley
Judith A. Walsh

31 December 2008