2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90077 027 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. SEE ATTACHED OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOWER, LOUIS G II 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HECKMAN, PETER H 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD CAPARROS, ANN M 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZOCK, GEORGE J 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MANION, THOMAS K 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VIGNOLA, MICHAEL R 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Barnett EQUIP Diane Barnett APR 17 2003 217-788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

10082724
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HORACE MANN PROPERTY & CASUALTY INSURANCE CO.
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of January 21, 2003

TITLE	NAME	OFFICE ADDRESS
D/P/C	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V/S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HALLMAN, DWAYNE D.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/AS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ATKINSON, RICHARD V.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

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HORACE MANN PROPERTY & CASUALTY INSURANCE CO.
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of January 21, 2003

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TITLE	NAME	OFFICE ADDRESS
V	KRETCHMAR, DEBORAH F.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BIANCHI, DENNIS E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	OUSLEY, DAVID H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
O	WALSH, JUDITH A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715