FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

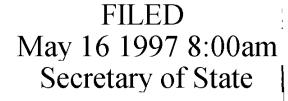
DOCUMENT # P08018

(4)

ASSOCIATION & CONSUMER MARKETING SERVICES CORP.

Principal Place of Business

Mailing Address





SPRINGFIELD IL 62715		SPRINGFIELD IL 62701-13							
					3. Date Incorporated or Qualified		e of Last	Report	
					11/07/1985 04/23		3/1996	/1996	
	lace of Business	2a. Mailing Address			4. FEI Number		1	Applied For	
21		26			37-1083097		110	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State				6. Election Campaign Financing \$5.00			May Be		
:3		28			Trust Fund Contribution			l to Fees	
Zip Country Zip Country 8. This corporation			s liability for intangible tax under s. 199.032,						
24	25	29	30			Yes 🗌			
	9. Name and Address of Curre		8	Name	10. Name and Address of New Re	JISTOPO A	Beur		
	rporation service company	1	"	Ivanie					
	I HAYS STREET		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
TALI	LAHASSEE FL 32301		ياً ـ	ļ	<u> </u>				
			83	1					
			84	City			85 Zip	Code	
			1_	<u> </u>		FL			
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblice.	02 and 607.1508, Florida Statut e of Florida. Such change was jations of, Section 607.0505, Fl	tes, the abor authorized t lorida Statute	/e-named co by the corpor es.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of o it the appo	changing intment a	its registered is registered	
SIGNATURE	Signature, typed or printed name of registered ag	and and title of experienching (AICI)	TE Goolstored A	ant nigurature too	quired when reinstating)	DATE			
12.		ID DIRECTORS	13.	John Bighlato 6 fee	ADDITIONS/CHANGES TO OFFIC		DIBECTO	IRS IN 12	
TITLE	DV	DELETE	1.1 TOTLE	···	ADDITIONO OF INTIGEO TO OFFICE		Change		
NAME	BECKER, LARRY K.		1.2 NAME	. 1		•			
STREET ADDRESS	#1 HORACE MANN PLAZA			T ADDRESS					
	SPRINGFIELD IL		1.4 C/(Y-	1					
CITY-ST-ZIP	AVT	DELETE	21 TITLE	51-ZIF			Change	Addition	
NAME	BARNETT, DIANE M		2.2 NAME					F-1 (100///0)	
	#1 HORACE MANN PLAZA			- 1					
STREET ADDRESS			- B :	T ADDRESS					
CITY-ST-ZIP TITLE	SPRINGFIELD IL	DELE1E	2. 4 C/TY 3.1 T/LE	- ST - ZIP		r	Change	Addition	
	DP	ניין מנננונ				·	-1 ovaribe	L ACCION	
NAME STREET ADDRESS	KARDOS, PAUL J. #1 HORACE MANN PLAZA		3.2 NAME	T ADDRESS					
-	SPRINGFIELD IL								
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	Addition	
	VD			Į.		L	vnange	- LUUMUM	
NAME	INKEL, ALBERT E.		4. 2 NAM	ľ					
STREET ADDRESS	#1 HORACE MANN PLAZA			T ADDRESS	•				
CITY-ST-ZIP	SPRINGFIELD IL	DELETE	4.4 CITY -				Change	Addition	
TITLE	DVS	☐ VELETE	5.1 TITLE	1		L	Change		
NAME	CAPARROS, ANN M.		5.2 NAME	- 1					
STREET ADDRESS	#1 HORACE MANN PLAZA			T ADDRESS					
CITY-ST-ZIP	SPRINGFIELD IL	Distress	5.4 CITY				1 Char	T lare.	
TITLE	AS	☐ DELETE	61 TITLE			ι	Change	Addition	
NAME	SACCO, LINDA L.		6.2 NAME						
STREET ADDRESS	#1 HORACE MANN PLAZA			T ADDRESS					
CITY-ST-ZIP	SPRINGFIELD IL		6.4 CHY-	ST-ZIP					

I do 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 annual report or supplemental annual report is true and adourate 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 12 or Block 13 if changed, or on an attachment with an address.

LUASIGRATINEE RI QUINNERSPRETT

217-788-5385

ASSOCIATION & COMSUMER MARKETING'SERVICES CORP. FLORIDA CORPORATION ANNUAL REPORT OFFICERS & DIRECTORS LISTING

As of December 31, 1996

V BONNETT, GERARD F. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 V ZOCK, GEORGE J. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 V FISHER, ROGER W. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 V CHRISTIAN, ANGELA S. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 C EGIZII, MARY JO #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 D CHRISMAN, VALERIA A. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715	_	TITLE NAME		OFFICE ADDRESS				
SPRINGFIELD, ILLINOIS 62715 V FISHER, ROGER W. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 V CHRISTIAN, ANGELA S. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 C EGIZII, MARY JO #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 D CHRISMAN, VALERIA A. #1 HORACE MANN PLAZA		V	BONNETT, GERARD F.					
SPRINGFIELD, ILLINOIS 62715 V CHRISTIAN, ANGELA S. #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 C EGIZII, MARY JO #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 D CHRISMAN, VALERIA A. #1 HORACE MANN PLAZA		V	ZOCK, GEORGE J.					
SPRINGFIELD, ILLINOIS 62715 C EGIZII, MARY JO #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 D CHRISMAN, VALERIA A. #1 HORACE MANN PLAZA		V	FISHER, ROGER W.					
SPRINGFIELD, ILLINOIS 62715 D CHRISMAN, VALERIA A. #1 HORACE MANN PLAZA		V	CHRISTIAN, ANGELA S.					
		С	<u>.</u>					
·		D	CHRISMAN, VALERIA A.					

F	ILE NOW: FILING I	FEE AFTI	ER MAY 1 IS	\$550.0	0				
COF ANNU	PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPA Sandra Secre		STATE n				
27.	MENT # 8191 NAME LIFE INSURANCE		(2)	:					
Principal Plac	a of Business		ailing Address	·					
ATTN: YAX DE #1 HORACE M SPRINGFIELD I	PT. IANN PLAZA	AT #1	TN: TAX DEPT. HORACE MANN PLA RINGFIELD IL 62701-1						
						3. Date Incorporated or Qualified 10/27/1965	3a. Date of L 06/17/19	,	
	lace of Business	28.	Mailing Address			4. FEI Number		Applied For	
Sulte, Apt.	# etc	26	Suite, Apt. #, etc.			95-1858796		Not Applicabl 75 Additional	
22	#, 0.0.	27				5. Certificate of Status Desired		ee Required	
City & Stat	ө		City & State		_	6. Election Campaign Financing		.00 May Be	
Zip	Country	28	Zip	Count	y	Trust Fund Contribution 8. This corporation has liability for		dded to Fees ider s. 199.032.	
24	25	29		30		Florida Statutes	Yes No		
001	9, Name and Address of C	-	tered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	····	
	MM. OF INS. AND TREASUI PITOL BUILDING	KT							
	LAHASSEE FL 32304			. 8	z Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
				8:	3				
				B-	4 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 60	07.0502 and 6	07.1508, Florida Stat	utes, the abo	ve-named co	rporation submits this statement for the	purpose of chance	aina its reaistere	
office or i agent. I s SIGNATURE	registered agent, or both, in the am familiar with, and accept the	State of Flori obligations of	da. Such change wa I, Section 607.0505, I	s authorized l Florida Statut	by the corpores.	ation's board of directors. I hereby acce	ept the appointme	int as registered	
12.	Signature, typed or printed name of regist	ered agent and tille		O1E Registered A	gont signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12	
TITLE	DV OF TOLL	10 AND DITIES	DELETE	1/1 TITLE		ADDITIONS/OFFANGES TO OFF	Ch		
NAME .	BECKER, LARRY K			1,2 NAM	:				
STREET ADDRESS	1 HORACE MANN PLAZA	1			ET ADDRESS				
CITY-\$T-ZIP TITLE	SPRINGFIELD IL DVS		DELETE	1,4 CITY 2.1 TITLE			☐ Ch	nange Additio	
NAME	CAPARROS, ANN M		E.J DECEN	2.2 NAM	i i			ungo La monino	
STREET ADDRESS				E1 ADURESS					
CITY-ST-ZIP			2. 4 CiTY	- ST - ZIP					
TITLE	OTVA		☐ DELETE	3 1 TITLE			☐ Ch	nange 🔲 Additio	
NAME	BARNETT, DIANE			3.2 NAM					
STREET ADDRESS	1 HORACE MANN PLAZA	•			ET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL VTD		DELETE	3.4. City 4.1 Title			☐ Ch	nange Additio	
NAME	ZOCK, GEORGE J.			4. 2 NAM	i		L 011		
STREET ADDRESS	1 HORACE MANN PLAZA	1			ET ADDRESS				
CITY-ST-ZIP	SPRINGFIELD IL			4.4 CITY	-ST-ZIP				
TITLE	PD		DELETE	5.1 1/TLE			Ch	nange 🔲 Additio	
NAME	1 12 10 2 2 7 1 10 2 2		52 NAM						
STREET ADDRESS	1 HORACE MANN PLAZA	4		I '	ET ADDRESS				
CITY-ST-ZIP SPRINGFIELD IL TITLE DELETE			5.4 CITY 6.1 TITLE			□ ch	nange Additio		
TITLE NAME			precit	6.2 NAM	- 1			migo Li riudillo	
STREET ADDRESS	}			B 1	ET ADDRESS				
CITY-ST-ZIP				6.4 CITY					
				4-7-0-11	<u></u>				

4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I sm an officer or director of the corporation or the receiver or trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/10/97 SIGNATURE. LIVE STURDING HOULD IN COLDINATE PRODUCT 217-788-128C

ALLEGIANCE LIFE INSURANCE COMPANY FLORIDA CORPORATION ANNUAL REPORT OFFICERS & DIRECTORS LISTING

As of December 31, 1996

TITLE	NAME	OFFICE ADDRESS
EV	NAJIM, EDWARD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	BONNETT, GERARD F.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
٧	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
sv	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715