HANSON THOMAS L

Check this box

if no longer

subject to

Form 4 June 16, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

Section 16. Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

(RESTRICTED)

See Instruction

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
HANSON THOMAS L		Symbol ALLIANT EN	CORP [LNT]	(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earlie	st Transact	ion	(Check an applica			<i>aole)</i>	
PO BOX 2568		(Month/Day/Yea 06/15/2005	Director 10% Owner _X Officer (give title Other (specify below) VICE PRESIDENT							
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
MADISON, W	I 53701					Person	i filed by More than	one Reporting	g	
(City)	(State)	(Zip)	Table I - No	on-Derivat	tive Securities Acq	uired, Di	sposed of, or Be	neficially Ow	vned	
1.Title of Security			2A. Deemed Execution Date if	3.	4. Securities Acq		5. Amount of	6.	7. N	

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transacti	4. Securities Acquired (A) oner Disposed of (D)	5. Amount of Securities	6. Ownership	7. Nature of Indirect	
((any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5) (A) or	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
COMMON DRIP	06/15/2005		Code V P	Amount (D) Price 4.5331 A \$ 27.575	1,915.9181	D		
401(k)					3,292.992	D		
COMMON					1 204 7422	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

1,294.7433 D

Edgar Filing: HANSON THOMAS L - Form 4

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
					Exercisable	Date	Title Numb	Number			
						Excicisable	Date	(of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HANSON THOMAS L PO BOX 2568 MADISON, WI 53701

VICE PRESIDENT

Signatures

F. J. Buri as POA for 06/16/2005

**Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2