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Pg 10f2

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **817138** (1)

1. Corporation Name
HORACE MANN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
#1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD IL 62715

3. Date Incorporated or Qualified 05/08/1962	3a. Date of Last Report 05/01/1995
4. FEI Number 37-0726637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent COM. OF INS. & TREAS. CAPITOL BLDG TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE DV BARNETT, DIANE 1- HORACE MANN PLAZA SPRINGFIELD IL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V BARNETT, DIANE 1- HORACE MANN PLAZA SPRINGFIELD IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE DV BECKER, LARRY K. 1-HORACE MANN PLAZA SPRINGFIELD IL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE DVS CAPARROS, ANN M. 1- HORACE MANN PLAZA SPRINGFIELD IL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE PD KARDOS, PAUL J 1- HORACE MANN PLAZA SPRINGFIELD IL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE VTD ZOCK, GEORGE J. 1- HORACE MANN PLAZA SPRINGFIELD IL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE V MORAL, ALEX N 1- HORACE MANN PLAZA SPRINGFIELD IL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE: Diane Barnett DIANE BARNETT 417-96 (217) 788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**HORACE MANN LIFE INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS AND DIRECTORS LISTING
As of December 31, 1995**

Question #12

TITLE	NAME	OFFICE ADDRESS
D/V	Bonnett, Gerard F.	#1 Horace Mann Plaza Springfield, IL 62715
D	Inkel, H. Albert	#1 Horace Mann Plaza Springfield, IL 62715
D/V	Najim, Edward L.	#1 Horace Mann Plaza Springfield, IL 62715
V	Stooksbury, Walter E.	#1 Horace Mann Plaza Springfield, IL 62715
V	Arisman, A. Thomas	#1 Horace Mann Plaza Springfield, IL 62715
V	Leitermann, John H.	#1 Horace Mann Plaza Springfield, IL 62715
V	Fisher, Roger W.	#1 Horace Mann Plaza Springfield, IL 62715
V	Kelly, William J.	#1 Horace Mann Plaza Springfield, IL 62715
V	Orr, J. Michael	#1 Horace Mann Plaza Springfield, IL 62715
V	Tedder, Ellen C.	#1 Horace Mann Plaza Springfield, IL 62715
V	Wilson, Richard D.	#1 Horace Mann Plaza Springfield, IL 62715
AV	Hunt, William C.	#1 Horace Mann Plaza Springfield, IL 62715
AV	Roberts, Leonard C., Jr.	#1 Horace Mann Plaza Springfield, IL 62715
AS	Egizii, Mary Jo	#1 Horace Mann Plaza Springfield, IL 62715
AS	Sacco, Linda L.	#1 Horace Mann Plaza Springfield, IL 62715
AT	Wiggers, Milton J.	#1 Horace Mann Plaza Springfield, IL 62715