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**May 16 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 817138 (1)
1. Corporation Name
HORACE MANN LIFE INSURANCE COMPANY



Principal Place of Business: **#1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD IL 62715**
Mailing Address: **#1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD IL 62701-1324**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/08/1962	04/24/1996
22		27		4. FEI Number	Applied For
23		28		37-0726637	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COM. OF INS. & TREAS. CAPITOL BLDG TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

CR2E034 (9/96)

**HORACE MANN 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
EV	STOOKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	BONNETT, GERARD F.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	KELLY, WILLIAM J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	ORR, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	TEDDER, ELLEN C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	WILSON, RICHARD D.	#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
AV	ROBERTS JR., LEONARD C.	#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
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715