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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830791 (0)
 1. Corporation Name
HORACE MANN SERVICE CORPORATION



Principal Place of Business #1-HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD IL	Mailing Address #1-HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD IL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1973	
21		26		4. FEI Number 37-0972590	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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	DV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECKER, LARRY K.			1.2 NAME	see attached		
STREET ADDRESS	1 HORACE MANN PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			1.4 CITY-ST-ZIP			
TITLE	AV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETT, DIANE M.			2.2 NAME			
STREET ADDRESS	1 HORACE MANN PLAZA			2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INKEL, H. ALBERT			3.2 NAME			
STREET ADDRESS	1 HORACE MANN PLAZA			3.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARISMAN, A. THOMAS			4.2 NAME			
STREET ADDRESS	1 HORACE MANN PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			4.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPARROS, ANN M.			5.2 NAME			
STREET ADDRESS	1 HORACE MANN PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD IL			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARDOS, PAUL J.			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 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: *Diane Barnett* **REQUIRED** 1/16/98 (217)788-5385

CR2E034 (10/97)

**HORACE MANN SERVICE CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

QUESTION #12

As of December 31, 1997

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
EV	NAJIM, EDWARD J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
EV	STOCKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
SV	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
SV	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HENDERSON, J. MICHAEL	#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	PURCELL, FRANCIS L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	QUALLS, JACOB E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	TEDDER, ELLEN C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

**HORACE MANN SERVICE CORPORATION
FLORIDA CORPORATION ANNUAL REPORT •
OFFICERS & DIRECTORS LISTING**
As of December 31, 1997

TITLE	NAME	OFFICE ADDRESS
AS	ARMSTEAD, RHONDA R.	#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
D	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	KARR, KATHRYN E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715