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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90006 027 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830791

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1973

4. FEI Number

37-0972590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. **SEE ATTACHED** OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **BECKER, LARRY K.**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **AV** ☐ DELETE

NAME **BARNETT, DIANE M.**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **DV** ☐ DELETE

NAME **INKEL, H. ALBERT**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **V** ☐ DELETE

NAME **ARISMAN, A. THOMAS**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **DVS** ☐ DELETE

NAME **CAPARROS, ANN M.**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE **PD** ☐ DELETE

NAME **KARDOS, PAUL J.**
STREET ADDRESS **1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **Diane Barnett** **REQUIRE**

APR 23 1999

(217) 788-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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

As of December 31, 1998

546009-90006-27

#830791

TITLE	NAME	OFFICE ADDRESS
EV	STOOKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	VIGNOLA, MICHAEL R.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET	#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	PURCELL, FRANCIS L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	QUALLS, JACOB E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	TEDDER, ELLEN C.	#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	ARMSTEAD, RHONDA R.	#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	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	KARR, KATHRYN E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715