

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 830791**

1. Entity Name

**HORACE MANN SERVICE CORPORATION**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90058 020 \*\*\*150.00

Principal Place of Business

Mailing Address

#1-HORACE MANN PLAZA  
 ATTN: TAX DEPT.  
 SPRINGFIELD IL

#1-HORACE MANN PLAZA  
 ATTN: TAX DEPT.  
 SPRINGFIELD IL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**37-0972590**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

11. **SEE ATTACHED** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WARRANT REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

217-788-5385

Daytime Phone #

CR2E034 (9/99)

830791

Attachment

725081

**HORACE MANN SERVICE CORPORATION  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS & DIRECTORS LISTING**  
As of January 25, 2000

<b>TITLE</b>	<b>NAME</b>	<b>OFFICE ADDRESS</b>
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, MICHAEL J.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	KELLY, WILLIAM J.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	HINKLE, WILLIAM S.	# 1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LAMBERT, GEORGE L.	# 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