


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91063 029 ***150.00

DOCUMENT # 830791
 1. Entity Name
HORACE MANN SERVICE CORPORATION



Principal Place of Business Mailing Address
 #1-HORACE MANN PLAZA #1-HORACE MANN PLAZA
 ATTN: TAX DEPT. ATTN: TAX DEPT.
 SPRINGFIELD, IL SPRINGFIELD, IL

94082722



DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 37-0972590 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DV |
| NAME | HECKMAN, PETER H |
| STREET ADDRESS | 1 HORACE MANN PLAZA |
| CITY-ST-ZIP | SPRINGFIELD, IL |
| TITLE | AV |
| NAME | BARNETT, DIANE M. |
| STREET ADDRESS | 1 HORACE MANN PLAZA |
| CITY-ST-ZIP | SPRINGFIELD, IL |
| TITLE | DVS |
| NAME | CAPARROS, ANN M. |
| STREET ADDRESS | 1 HORACE MANN PLAZA |
| CITY-ST-ZIP | SPRINGFIELD, IL |
| TITLE | PD |
| NAME | LOWER, LOUIS G II |
| STREET ADDRESS | 1 HORACE MANN PLAZA |
| CITY-ST-ZIP | SPRINGFIELD, IL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. V. P. & Tax Compliance Officer
 Date: **APR 28 2004** Daytime Phone #: **217-788-5385**

Diane Barnett