

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830791

FILED
Apr 27, 2010
Secretary of State

Entity Name: HORACE MANN SERVICE CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

Current Mailing Address:

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

New Mailing Address:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

FEI Number: 37-0972590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DV
Name: HECKMAN, PETER H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: AV
Name: BARNETT, DIANE M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DVS
Name: CAPARROS, ANN M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: PD
Name: LOWER, LOUIS G II
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: VPD
Name: PROVENZANO, CRAIG S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: T
Name: CHRISTIAN, ANGELA S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG S PROVENZANO

VPD

04/27/2010

Electronic Signature of Signing Officer or Director

Date