

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 841531

(7)

1. Corporation Name

HORACE MANN INVESTORS, INC.

APPROVED  
AND  
FILED

SEP 11 - 1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1 HORACE MANN PLAZA  
ATTN: TAX DEPT.  
SPRINGFIELD IL 62715

1 HORACE MANN PLAZA  
ATTN: TAX DEPT.  
SPRINGFIELD IL 62715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1978

3a. Date of Last Report

03/30/1994

4. FEI Number

37-0792966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTROLLER OF THE STATE  
DIVISION OF SECURITIES -1402 CAPITOL BLDG  
TALLAHASSEE FL 32301

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 607.001 and 607.1509, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each 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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |     |                       |
|----------------|-----|-----------------------|
| 1011           | PD  | ARISMAN, A THOMAS     |
| NAME           |     | 1 HORACE MANN PLAZA   |
| STREET ADDRESS |     | SPRINGFIELD, IL 0     |
| CITY, ST, ZIP  |     |                       |
| 1012           | DV  | KELLY, WILLIAM        |
| NAME           |     | 1 HORACE MANN PLAZA   |
| STREET ADDRESS |     | SPRINGFIELD, IL 0     |
| CITY, ST, ZIP  |     |                       |
| 1013           | DV  | MITCHELL, HARRY       |
| NAME           |     | #1 HORANCE MANN PLAZA |
| STREET ADDRESS |     | SPRINGFIELD IL        |
| CITY, ST, ZIP  |     |                       |
| 1014           | TCO | WILSON, RICHARD D.    |
| NAME           |     | 1 HORACE MANN PLAZA   |
| STREET ADDRESS |     | SPRINGFIELD, IL 0     |
| CITY, ST, ZIP  |     |                       |
| 1015           | AT  | BARNETT, DIANE M.     |
| NAME           |     | 1 HORACE MANN PLAZA   |
| STREET ADDRESS |     | SPRINGFIELD IL        |
| CITY, ST, ZIP  |     |                       |
| 1016           | S   | GIARDINI, JANET       |
| NAME           |     | 1 HORACE MANN PLAZA   |
| STREET ADDRESS |     | SPRINGFIELD IL        |
| CITY, ST, ZIP  |     |                       |

|      |                                                                   |
|------|-------------------------------------------------------------------|
| 1101 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1102 |                                                                   |
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report is a supplemental annual report as 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 agent or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Diane Barnett*

Diane Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-95

(217)788-5385

Date

Telephone Number

84/531

Horace Mann Investors Inc.  
Florida Corporation Annual Report  
Officers and Directors Listing  
As of May 25, 1994

Question #12

| TITLE | NAME            | OFFICE ADDRESS                                |
|-------|-----------------|-----------------------------------------------|
| A/S   | Egizli, Mary Jo | #1 Horace Mann Plaza<br>Springfield, IL 62715 |
| A/S   | Linda Sacco     | #1 Horace Mann Plaza<br>Springfield, IL 62715 |