FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 08 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT # 841531** HORACE MANN INVESTORS, INC. Principal Place of Business Mailing Address HORACE MANN PLAZA 1 HORACE MANN PLAZA ATTN: TAX DEPT. ATTN: TAX DEPT. SPRINGFIELD IL 62715 SPRINGFIELD IL 62715 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 37-0792966 21 26 Not Applicable Suite, Apt. #. etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name COMPTROLLER OF THE STATE DIVISION OF SECURITIES -- 1402 CAPITOL BLDG 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 84 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) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE ARISMAN, A THOMAS NAME CR2E034 SEE ATTACHED LIST 1 HORACE MANN PLAZA STREET ADDRESS 1.3 STREET ADDRESS SPRINGFIELD, IL 0 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KELLY, WILLIAM NAME 2.2 NAME 1 HORACE MANN PLAZA 2.3 STREET ADDRESS STREET ADDRESS SPRINGFIELD, IL 0 2.4 CITY-ST-ZIP CITY - ST - 2IP DELETE 3.1 TITLE Change Addition TITLE BECKER, LARRY K NAME 3.2 NAME #1 HORANCE MANN PLAZA STREET ADDRESS 3.3 STREET ADDRESS SPRINGFIELD IL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE WILSON, RICHARD D. NAME 4. 2 NAME 1 HORACE MANN PLAZA STREET ADDRESS 4.3 STREET ADDRESS SPRINGFIELD, IL 0 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE BARNETT, DIANE M. NAME 5.2 NAME 1 HORACE MANN PLAZA STREET ADDRESS 5.3 STREET ADDRESS SPRINGFIELD IL CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE CAPARROS, ANN M. NAME 6.2 NAME 1 HORACE MANN PLAZA STREET ADDRESS **63 STREET ADDRESS** SPRINGFIELD IL 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.

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SIGNATURE:

FILED

HORACE MANN INVESTORS, INC. FLORIDA CORPORATION ANNUAL REPORT OFFICERS & DIRECTORS LISTING

As of December 31, 1997

TITLE	NAME	OFFICE ADDRESS
S	SACCO, LINDA L.	#1 HORACE MANN PLAZA
		SPRINGFIELD, ILLINOIS 62715
С	FISHER, ROGER	#1 HORACE MANN PLAZA
		SPRINGFIELD, ILLINOIS 62715
D	ZOCK, GEORGE	#1 HORACE MANN PLAZA
		SPRINGFIELD, ILLINOIS 62715