


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90017 003 \*\*\*150.00

<b>DOCUMENT # 841531</b> 1. Entity Name <b>HORACE MANN INVESTORS, INC.</b>					
Principal Place of Business <b>1 HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD, IL 62715</b>			Mailing Address <b>1 HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD, IL 62715</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>37-0792966</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COMPTROLLER OF THE STATE DIVISION OF SECURITIES --1402 CAPITOL BLDG TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (If "OTH" Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HECKMAN, PETER H #1 HORACE MANN PLAZA SPRINGFIELD, IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TCO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD, IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CAPARROS, ANN M. 1 HORACE MANN PLAZA SPRINGFIELD, IL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Alice A. Lowry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Alice A. Lowry</i> 1/25/07    317-789-5393 <small>Date      Dattime Phone #</small>		

ATTACHMENT  
10010424  
#841531  
HORACE MANN INVESTORS, INC.

**BOARD OF DIRECTORS**

Robert B. Joyner, Chair  
Peter H. Heckman  
Paul D. Andrews  
Frank D'Ambra III  
Christopher M. Fehr

**OFFICERS ELECTED BY THE BOARD OF DIRECTORS**

President, Anti-Money Laundering Officer and Chief Compliance Officer	Christopher M. Fehr
Secretary	Rhonda R. Armstead
Tax Compliance Officer	Diane M. Barnett
Controller	Bret A. Conklin
Treasurer	Angela S. Christian

15 February 2006