


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 002 ***150.00

DOCUMENT # 841531 1. Entity Name HORACE MANN INVESTORS, INC.					
Principal Place of Business 1 HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD, IL 62715			Mailing Address 1 HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD, IL 62715		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 37-0792966		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COMPTROLLER OF THE STATE DIVISION OF SECURITIES --1402 CAPITOL BLDG TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D HECKMAN, PETER H #1 HORANCE MANN PLAZA SPRINGFIELD, IL <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	TCO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD, IL <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	S CAPARROS, ANN M. 1 HORACE MANN PLAZA SPRINGFIELD, IL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMS/LEAD, Rhonda R. 1 HORACE MANN PLAZA Springfield, IL 62715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaufmann, Kenneth J 1 HORACE MANN PLAZA Springfield, IL 62715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax Director Lowry, Alice A. 1 HORACE MANN PLAZA Springfield, IL 62715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTIAN, ANGELA S. 1 HORACE MANN PLAZA Springfield, IL 62715 <input type="checkbox"/> Change <input checked="" 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> Alice A. Lowry 4/3/08 217-788-5393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40060149

#841531

HORACE MANN INVESTORS, INC.

BOARD OF DIRECTORS

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	Kenneth J. Kaufmann
Secretary	Rhonda R. Armstead
Tax Director	Alice A. Lowry
Tax Compliance Officer	Diane M. Barnett
Controller	Bret A. Conklin
Treasurer	Angela S. Christian

01 January 2008