

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841531

FILED
Apr 12, 2012
Secretary of State

Entity Name: HORACE MANN INVESTORS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 37-0792966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTROLLER OF THE STATE
DIVISION OF SECURITIES --1402 CAPITOL BLDG
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

OFFICERS AND DIRECTORS:

Title: D
Name: HAMANN, BRENT H
Address: 1 HORANCE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 US

Title: TCO
Name: BARNETT, DIANE M.
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 US

Title: S
Name: ARTHUR, ELIZABETH E
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 US

Title: P
Name: TERRY, JOSEPH D
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 US

Title: T
Name: CHRISTIAN, ANGELA S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 US

Title: VP
Name: PROVENZANO, CRAIG S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715 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

VP

04/12/2012

Electronic Signature of Signing Officer or Director

Date