


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91005 008 \*\*\*150.00

**DOCUMENT # P03000153159**

1. Entity Name  
**HORACE MANN MGA AND BROKERAGE OF FLORIDA, INC.**




Principal Place of Business      Mailing Address  
**ONE HORACE MANN PLAZA**      **ONE HORACE MANN PLAZA**  
**SPRINGFIELD, IL 62715-0001**      **SPRINGFIELD, IL 62715-0001**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04202004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**20-0500272**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWER, LOUIS G II	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HECKMAN, PETER H	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CAPARROS, ANN M	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHRISMAN, VALERIE A	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, DANIEL M	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REYNOLDS, DOUGLAS W	
STREET ADDRESS	ONE HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 627150001	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Diane Barnett*      **A. V. P. & Tax Compliance Officer**      **APR 28 2004**      **217-782-5385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**Diane Barnett**