

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90084 019 \*\*\*150.00

**DOCUMENT # 817138**

1. Entity Name  
**HORACE MANN LIFE INSURANCE COMPANY**



Principal Place of Business

**#1 HORACE MANN PLAZA  
ATTN: TAX DEPARTMENT  
SPRINGFIELD, IL 62715**

Mailing Address

**#1 HORACE MANN PLAZA  
ATTN: TAX DEPARTMENT  
SPRINGFIELD, IL 62715**



03122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-0726637**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COM. OF INS. & TREAS.  
CAPITOL BLDG  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**SEE ATTACHED LIST**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV BARNETT, DIANE 1-HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HECKMAN, PETER H 1-HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CAPARROS, ANN M. 1- HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOWER, LOUIS G II 1- HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

**Diane Barnett** 5/6/05

(217) 7885385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V. P. & Tax Compliance Officer**