

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817138

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HORACE MANN LIFE INSURANCE COMPANY

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 37-0726637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COM. OF INS. & TREAS.  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AV ( ) Delete  
Name: BARNETT, DIANE  
Address: 1-HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: DV ( ) Delete  
Name: HECKMAN, PETER H  
Address: 1-HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: DVS ( ) Delete  
Name: CAPARROS, ANN M.  
Address: 1- HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: PD ( ) Delete  
Name: LOWER, LOUIS G II  
Address: 1- HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: VPD ( ) Delete  
Name: LOWRY, ALICE A  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AV (X) Change ( ) Addition  
Name: BARNETT, DIANE  
Address: 1-HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICE A LOWRY

VPD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**HORACE MANN LIFE INSURANCE COMPANY****BOARD OF DIRECTORS**

Paul D. Andrews  
 Ann M. Caparrós  
 \*Peter H. Heckman  
 \*Louis G. Lower II  
 \*Thomas C. Wilkinson

\*Member of Executive Committee

**OFFICERS ELECTED BY THE BOARD OF DIRECTORS**

Chairman, President & Chief Executive Officer	Louis G. Lower II
Executive Vice President & Chief Financial Officer	Peter H. Heckman
Executive Vice President & Chief Marketing Officer	Stephen P. Cardinal
Senior Vice President & Controller	Bret A. Conklin
Senior Vice President, Finance	Dwayne D. Hallman
Senior Vice Presidents:	Paul D. Andrews
	Brent Hamann
	Ann M. Caparrós
Vice President, General Counsel, Corporate Secretary & Chief Compliance Officer	Rhonda R. Armstead
Vice President, Chief Counsel & Assistant Corporate Secretary	Angela S. Christian
Vice President & Treasurer	John H. Leitermann
Vice President, Actuarial/Annuity Retention	Robert E. Rich, Jr.
Vice President & Chief Actuary	Alice A. Lowry
Vice President & Tax Director	Dennis J. Duffin
Vice Presidents:	Harry L. Mitchell
	Elizabeth A. Sumpter
	Wesley H. Siebrass
Assistant Vice President & Tax Compliance Officer	Diane M. Barnett
Assistant Vice President	Tricia L. Seifert

17 February 2009