

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817138

FILED
Apr 28, 2011
Secretary of State

Entity Name: HORACE MANN LIFE INSURANCE COMPANY

Current Principal Place of Business:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

New Principal Place of Business:

Current Mailing Address:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

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

OFFICERS AND DIRECTORS:

Title: AV
Name: BARNETT, DIANE M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DP
Name: HECKMAN, PETER H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DVS
Name: CAPARROS, ANN M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DV
Name: HALLMAN, DWAYNE D
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: VPD
Name: PROVENZANO, CRAIG S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 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

VPD

04/28/2011

Electronic Signature of Signing Officer or Director

Date