

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **841531** (7)

1. Corporation Name
HORACE MANN INVESTORS, INC.



Principal Place of Business
**1 HORACE MANN PLAZA
ATTN: TAX DEPT.
SPRINGFIELD IL 62715**

Mailing Address
**1 HORACE MANN PLAZA
ATTN: TAX DEPT.
SPRINGFIELD IL 62715**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
09/28/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
37-0792966

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COMPTROLLER OF THE STATE
DIVISION OF SECURITIES --1402 CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARISMAN, A THOMAS	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, HARRY	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	TCO	<input type="checkbox"/> DELETE
NAME	WILSON, RICHARD D.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BARNETT, DIANE M.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GIARDINI, JANET	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ARISMAN, A THOMAS	
13 STREET ADDRESS	1 HORACE MANN PLAZA	
14 CITY-ST-ZIP	SPRINGFIELD, IL	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KELLY, WILLIAM	
23 STREET ADDRESS	1 HORACE MANN PLAZA	
24 CITY-ST-ZIP	SPRINGFIELD, IL	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BECKER, LARRY K.	
33 STREET ADDRESS	1 HORACE MANN PLAZA	
34 CITY-ST-ZIP	SPRINGFIELD, IL	
41 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WILSON, RICHARD D.	
43 STREET ADDRESS	1 HORACE MANN PLAZA	
44 CITY-ST-ZIP	SPRINGFIELD, IL	
51 TITLE	TCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	BARNETT, DIANE	
53 STREET ADDRESS	1 HORACE MANN PLAZA	
54 CITY-ST-ZIP	SPRINGFIELD, IL	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CAPARROS, ANN M.	
63 STREET ADDRESS	1 HORACE MANN PLAZA	
64 CITY-ST-ZIP	SPRINGFIELD, IL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Barnett* **DIANE BARNETT** 4-17-96 (217)-788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE

CR2E034 (12/95)

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**HORACE MANN INVESTORS, INC.
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS AND DIRECTORS LISTING
As of December 31, 1995**

Question #12

TITLE	NAME	OFFICE ADDRESS
AS	Sacco, Linda L.	#1 Horace Mann Plaza Springfield, IL 62715
D	Zock, George	#1 Horace Mann Plaza Springfield, IL 62715
C	Fisher, Roger W.	#1 Horace Mann Plaza Springfield, IL 62715