

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 62701-1324
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3. Date Incorporated or Qualified 09/28/1978	3a. Date of Last Report 04/23/1996
4. FEI Number 37-0792966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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
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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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISMAN, A THOMAS	1.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, IL 0	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	2.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, IL 0	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, LARRY K	3.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	3.4 CITY - ST - ZIP	
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RICHARD D.	4.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, IL 0	4.4 CITY - ST - ZIP	
TITLE	TCO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE M.	5.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M.	6.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	6.4 CITY - ST - ZIP	

14. I do 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 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: *Sandra B. Mortham* **REQUINNE BARNETT** 4/28/97 217-788-5385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)