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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90127 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **841531**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1978

4. FEI Number

37-0792966

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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

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. **SEE ATTACHED** OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	ARISMAN, A THOMAS	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, LARRY K	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WILSON, RICHARD D.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, IL 0	
TITLE	TCO	<input type="checkbox"/> DELETE
NAME	BARNETT, DIANE M.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPARROS, ANN M.	
STREET ADDRESS	1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Diane Barnett*

Diane Barnett

APR 23 1999

(217) 788-5386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

QUESTION NO:12

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**HORACE MANN INVESTORS CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

As of December 31, 1998

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
S	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
C	FISHER, ROGER	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	ZOCK, GEORGE	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715