

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90058 018 \*\*\*150.00

**DOCUMENT # 841531**

1. Entity Name  
**HORACE MANN INVESTORS, INC.**

Principal Place of Business. <b>1 HORACE MANN PLAZA          ATTN: TAX DEPT.          SPRINGFIELD IL 62715</b>	Mailing Address <b>1 HORACE MANN PLAZA          ATTN: TAX DEPT.          SPRINGFIELD IL 62715-0001</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>37-0792966</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**COMPTROLLER OF THE STATE  
 DIVISION OF SECURITIES --1402 CAPITOL BLDG  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. **SEE ATTACHED** OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Barnett* : 4-21-00 217-788-5385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

841531

Attachment  
725082

**HORACE MANN INVESTORS CORPORATION  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS & DIRECTORS LISTING**  
As of January 25, 2000

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