

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90063 025 ***150.00

DOCUMENT # 841531

1. Entity Name
HORACE MANN INVESTORS, INC.

Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **37-0792966** Applied For Not Applicable

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

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, 2002 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 LIST OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ARISMAN, A THOMAS 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, WILLIAM 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKMAN, PETER H #1 HORANCE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILSON, RICHARD D. 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPARROS, ANN M. 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **REQUIRED** **DIANE BARNETT** **APR 26 2002** **217-788-5385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

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

As of February 8, 2002

#841531

TITLE	NAME	OFFICE ADDRESS
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
PC	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	ZOCK, GEORGE	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
T	KELLY, WILLIAM J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AT	WILSON, RICHARD D.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
TCO	BARNETT, DIANE M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715