


**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90084 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # 841531**  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-0792966	Applied For Not Applicable
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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

**DO NOT WRITE  
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKMAN, PETER H #1 HORANCE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPARROS, ANN M. 1 HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED list for Additional Officers & Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Barnett  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diane Barnett**  
 Tax Compliance Officer (417) 7885385  
 Daytime Phone #