

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 22, 2003 8:00 am
Secretary of State

0698334 AB

04-22-2003 90033 050 ***150.00

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**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **37-0792966**

Applied For
Not Applicable

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. SEE ATTACHED LIST OFFICERS AND DIRECTORS		11. 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 checked="" 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 checked="" 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 checked="" 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

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* EQUIR Diane Barnett APR 17 2003 217-788-5385

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

CFR2E034 (10/02)

Attachment #

HORACE MANN INVESTORS, INC
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of February 03, 2003

90100001
841531

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
D	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
P/D/C	FEHR, CHRISTOPHER M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
TCO	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715