2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

841531 **DOCUMENT #**

1. Entity Name
HORACE MANN INVESTORS INC



FILED Apr 22, 2003 8:00 am Secretary o

04-22-2003 90033 050 ***150.00

| • | $\mathbf{J}_{\bullet}\mathbf{U}\mathbf{U}$ | am |
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| 110111102 11111111111111111111111111111 | | | | '] | | | | |
|--|--|--|---------------------------------------|---|--|----------------------------------|-----------------------------|--|
| Principal Place of Business 1 HORACE MANN PLAZA ATTN: TAX DEPT. SPRINGFIELD IL 62715 | | ng Address Drace Mann Plaza N: Tax Dept. NGFIELD IL 62715 | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 16 0180 6 17 60 6 11108 12106 221 | 12 01011 22011 02011 02011 1 | (188) 5 1611 (286) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FEI Number | 37-0792966 | ⊢+ - | pplied For ot Applicable | |
| Zip Cou | ıntry Zip | Zip Country | | 5. Certificate of | Status Desired | \$8.75 Ad | ditional | |
| 6. Name and A | ddress of Current Register | ed Agent | | 7. Name and Address of New Registered Agent | | | | |
| COMPTROLLED OF THE C | TATE | *************************************** | Name | Name | | | | |
| COMPTROLLER OF THE S DIVISION OF SECURITIES | | | Street Address | (P.O. Box Number is | P.O. Box Number is Not Acceptable) | | | |
| TALLAHASSEE FL 32301 | | | } | | | <u> </u> | | |
| | | | City | | ts S | FL Zip Cod | le | |
| 8. The above named entity submethe obligations of registered a | | pose of changing its regi | stered office or registe | ered agent, or both, | in the State of Florida | . I am familiar with, | and accept | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed | I name of registered agent and title if ap | plicable. (NOTE: Reg | istered Agent signature require | d 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 | | | | 1 | on Campaign Financ Fund Contribution. | | 00 May Be d to Fees | |
| 10. SEE ATTALHED W | | DRS I | 11. | ADDITIONS/CH | HANGES TO OFFICE | RS AND DIRECTOR | S IN 11 | |
| TITLE PDC NAME ARISMAN, A TH STREET ADDRESS CITY-SI-ZIP SPRINGFIELD IL | OMAS IN PLAZA | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4. 4 | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE KELLY, WILLIAM 1 HORACE MAN SPRINGFIELD IL | in plaza | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| NAME HECKMAN, PET STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL | iann plaza | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | மே கூறுத்∉ ⊹ பிழ்ப | தை . i | ☐ Change | ☐ Addition ~ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP AT WILSON, RICHA 1 HORACE MAN SPRINGFIELD IL | in plaza | T Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | ☐ Change | ☐ Addition | |
| TITLE TCO NAME BARNETT, DIAN STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL | in plaza | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD IL | in plaza | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |

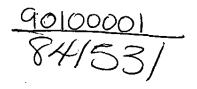
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

Deane Moume EQUIR Diane Barnett APR 17 2003

217-788-5385 Daytime Phone #

Attachment#

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



| TITLE | NAME | OFFICE ADDRESS |
|-------|----------------------|---|
| 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 |