

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90063 026 ***150.00

DOCUMENT # P08018

1. Entity Name

HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION

Principal Place of Business

**#1 HORACE MANN PLAZA
 SPRINGFIELD IL 62715**

Mailing Address

**#1 HORACE MANN PLAZA
 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

4. FEI Number

37-1083097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 DIANE BARNETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DV** ☐ Delete
 NAME **HECKMAN, PETER H**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AVT** ☐ Delete
 NAME **BARNETT, DIANE M**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DP** ☐ Delete
 NAME **LOWER, LOUIS G II**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **INKEL, ALBERT E.**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DVS** ☐ Delete
 NAME **CAPARROS, ANN M.**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AS** ☐ Delete
 NAME **SACCO, LINDA L.**
 STREET ADDRESS **#1 HORACE MANN PLAZA**
 CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2002

Date

217-788-5385

Daytime Phone #

CR2E034 (9/01)

Attachment *432674*

QUESTION NO: 12 HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION PAGE 1
FORMERLY ASSOCIATION & CONSUMER MARKETING SERVICES CORPORATION
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING

As of February 8, 2002

88018

TITLE	NAME	OFFICE ADDRESS
TV	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
DV	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAT	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIA A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
PD	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VD	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	INKEL, H. ALBERT	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
DVS	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	MORAL, ALEX N.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	BARNETT, DIANE M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715