


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-06-2005 90084 017 \*\*\*150.00

<b>DOCUMENT # P08018</b> 1. Entity Name <b>HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION</b>					
Principal Place of Business <b>#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>			Mailing Address <b>#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>		
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 <b>37-1083097</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>SEE ATTACHED LIST</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HECKMAN, PETER H</b>		NAME		
STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRINGFIELD, IL</b>		CITY-ST-ZIP		
TITLE	AVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARNETT, DIANE M</b>		NAME		
STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRINGFIELD, IL</b>		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOWER, LOUIS G II</b>		NAME		
STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRINGFIELD, IL</b>		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAPARROS, ANN M.</b>		NAME		
STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRINGFIELD, IL</b>		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SACCO, LINDA L.</b>		NAME	<b>UP-T ANGELA S CHRISTIAN</b>	
STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>		STREET ADDRESS	<b>#1 HORACE MANN PLAZA</b>	
CITY-ST-ZIP	<b>SPRINGFIELD, IL</b>		CITY-ST-ZIP	<b>Springfield, IL 62715</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Diane Barnett</i>			<b>SIGNATURE:</b> <i>Diane Barnett</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>5/4/05</b> <small>Daytime Phone #</small> <b>(217) 788-5385</b>		
<b>A. V. P. &amp; Tax Compliance Officer</b>					