

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90017 008 \*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>37-1083097</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 filer is acceptable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HECKMAN, PETER H #1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UP Alice A Lowry #1 Horace Mann Plaza Springfield, IL 62715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVT 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	DP LOWER, LOUIS G II #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	DVS 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CHRISTIAN, ANGELA S 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	<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	<input type="checkbox"/> Delete	<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 exemptions contained in Chapter 119, 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>Alice A Lowry</i> <b>Alice A Lowry</b> <span style="float: right;">1/27/07    217-788-5393</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

60010419

# P08018

**HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION**

(formerly known as Association & Consumer Marketing Services Corp.)

**BOARD OF DIRECTORS**

Paul D. Andrews  
Ann M. Caparrós  
Frank D'Ambra III  
Peter H. Heckman  
Robert B. Joyner  
Louis G. Lower II  
Douglas W. Reynolds

**OFFICERS ELECTED BY THE BOARD OF DIRECTORS**

Chairman, President & Chief Executive Officer	Louis G. Lower II
Executive Vice President & Chief Financial Officer	Peter H. Heckman
Senior Vice President & Controller	Bret A. Conklin
Senior Vice President, Finance	Dwayne D. Hallman
Senior Vice President, Marketing	Robert B. Joyner
Vice President, General Counsel & Corporate Secretary	Ann M. Caparrós
Vice President, Chief Counsel & Assistant Corporate Secretary	Rhonda R. Armstead
Vice President & Treasurer	Angela S. Christian
Vice President	Harry L. Mitchell
Assistant Vice President	Tricia L. Seifert
Vice President & Tax Director	Alice A. Lowry
Assistant Vice President & Tax Compliance Officer	Diane M. Barnett

22 April 2006