

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 049 ***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**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE	VPT
NAME	CHRISTIAN, ANGELA S
STREET ADDRESS	1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, IL 62715

TITLE	VP
NAME	LOWRY, ALICE A
STREET ADDRESS	1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, IL 62715

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice A. Lowry
Alice A. Lowry

4/3/08
Date

217-788-5393
Daytime Phone #

ATTACHMENT
#P08018

40060152

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
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
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

01 January 2008