

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90077 028 ***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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	AVT BARNETT, DIANE M #1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete
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	V INKEL, ALBERT E. #1 HORACE MANN PLAZA SPRINGFIELD IL <input checked="" type="checkbox"/> Delete
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	AS SACCO, LINDA L. #1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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.

SIGNATURE: Diane Barnett **REQUIRED** Diane Barnett **APR 15 2003** 317-788-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment #

HORACE MANN EDUCATOR BENEFITS CONSULTING CORP
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of March 14, 2003

10082723
P08018

TITLE	NAME	OFFICE ADDRESS
D/P/C	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V/S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HALLMAN, DWAYNE D.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/AS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715