

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1072

DOCUMENT # P23559 (8)

1. Corporation Name
HORACE MANN INSURANCE COMPANY



Principal Place of Business: **1 HORACE MANN PLAZA SPRINGFIELD IL 62715**
Mailing Address: **1 HORACE MANN PLAZA SPRINGFIELD IL 62715**

3. Date Incorporated or Qualified: **03/23/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1027412**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **FLORIDA INSURANCE COMMISSIONER, CAPITOL BLDG., TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature typed or printed name of the registered agent or the corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KARDOS, PAUL J. 1 HORACE MANN PLAZA SPRINGFIELD IL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	V LEE, ROBERT H. 1 HORACE MANN PLAZA SPRINGFIELD IL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	VTO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD IL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	VD BECKER, LARRY K HORACE MANN PLAZA, STE 1 SPRINGFIELD IL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	DVS CAPARROS, ANN M HORACE MANN PLAZA, STE 1 SPRINGFIELD IL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	D INKEL, H A HORACE MANN PLAZA, STE 1 SPRINGFIELD IL	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Barnett* **DIANE BARNETT** 4-17-96 217-788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year #

CR2E034 (12/95)

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**HORACE MANN INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS AND DIRECTORS LISTING
As of December 31, 1995**

Question #12

TITLE	NAME	OFFICE ADDRESS
D/V	Bonnett, Gerard F.	#1 Horace Mann Plaza Springfield, IL 62715
D/V	Najim, Edward L.	#1 Horace Mann Plaza Springfield, IL 62715
V	Stooksbury, Walter E.	#1 Horace Mann Plaza Springfield, IL 62715
D/V/T	Zock, George J.	#1 Horace Mann Plaza Springfield, IL 62715
V	Fisher, Roger W.	#1 Horace Mann Plaza Springfield, IL 62715
V	Hinkle, William S.	#1 Horace Mann Plaza Springfield, IL 62715
V	Tedder, Ellen C.	#1 Horace Mann Plaza Springfield, IL 62715
AV	Hunt, William C.	#1 Horace Mann Plaza Springfield, IL 62715
AV	Roberts, Leonard C., Jr.	#1 Horace Mann Plaza Springfield, IL 62715
AS	Egizii, Mary Jo	#1 Horace Mann Plaza Springfield, IL 62715
AS	Sacco, Linda L.	#1 Horace Mann Plaza Springfield, IL 62715
S	Closter, Donald L.	#1 Horace Mann Plaza Springfield, IL 62715