

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**

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

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

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 for Name, Street Address, City, and Zip Code.

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 in Block 9) _____ (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 | V LEE, ROBERT H. 1 HORACE MANN PLAZA SPRINGFIELD IL | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | VTO BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD IL | 23. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | VD BECKER, LARRY K HORACE MANN PLAZA, STE 1 SPRINGFIELD IL | 24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | DVS CAPARROS, ANN M HORACE MANN PLAZA, STE 1 SPRINGFIELD IL | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D INKEL, H A HORACE MANN PLAZA, STE 1 SPRINGFIELD IL | 32. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 33. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 34. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 42. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 43. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 52. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 53. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 54. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 62. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 63. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 64. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)

2 of 2

**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 |