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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90006 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P23559

1. Corporation Name
HORACE MANN INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
03/23/1989
 4. FEI Number Applied For
59-1027412 Not Applicable
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. SEE ATTACHED OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDOS, PAUL J.	1.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT H.	2.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	2.4 CITY-ST-ZIP	
TITLE	VTO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE M.	3.2 NAME	
STREET ADDRESS	1 HORACE MANN PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, LARRY K	4.2 NAME	
STREET ADDRESS	HORACE MANN PLAZA, STE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	4.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M	5.2 NAME	
STREET ADDRESS	HORACE MANN PLAZA, STE 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Diane Barnett* Diane Barnett APR 23 1999 (217) 788-5385

CR2E034 (11/98)

HORACE MANN INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
 As of December 31, 1998

54003-9000-31
 #P23559

TITLE	NAME	OFFICE ADDRESS
SV	VIGNOLA, MICHAEL R	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
EV	STOOKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	TEDDER, ELLEN C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CHRISMAN, VALERIE A	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715