

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23559

1. Entity Name
HORACE MANN INSURANCE COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90038 014 ***150.00

Principal Place of Business 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	Mailing Address 1 HORACE MANN PLAZA SPRINGFIELD IL 62715-0001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1027412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. SEE ATTACHED OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME KARDOS, PAUL J.	
STREET ADDRESS 1 HORACE MANN PLAZA	
CITY-ST-ZIP SPRINGFIELD IL	
TITLE V	<input type="checkbox"/> Delete
NAME LEE, ROBERT H.	
STREET ADDRESS 1 HORACE MANN PLAZA	
CITY-ST-ZIP SPRINGFIELD IL	
TITLE VTO	<input type="checkbox"/> Delete
NAME BARNETT, DIANE M.	
STREET ADDRESS 1 HORACE MANN PLAZA	
CITY-ST-ZIP SPRINGFIELD IL	
TITLE VD	<input type="checkbox"/> Delete
NAME BECKER, LARRY K	
STREET ADDRESS HORACE MANN PLAZA, STE 1	
CITY-ST-ZIP SPRINGFIELD IL	
TITLE DVS	<input type="checkbox"/> Delete
NAME CAPARROS, ANN M	
STREET ADDRESS HORACE MANN PLAZA, STE 1	
CITY-ST-ZIP SPRINGFIELD IL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heane Barnes* **REQUIRED** Date: 4-21-00 Daytime Phone #: 217-788-5385

CR2E034 (9/99)

**HORACE MANN INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As of January 25, 2000**

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
EV	ZOCK, GEORGE J.	# 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	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