


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91005 006 \*\*\*150.00

**DOCUMENT # P23559**  
 1. Entity 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**

**14019345**

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

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



04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

4. FEI Number  
**59-1027412**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Applicable)  
 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, 2004 Fee will be \$550.00**

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	PD LOWER, LOUIS G II <input checked="" type="checkbox"/> Delete 1 HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC LOWER, LOUIS G <input type="checkbox"/> Delete 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BARNETT, DIANE M. <input type="checkbox"/> Delete 1 HORACE MANN PLAZA SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HECKMAN, PETER H <input checked="" type="checkbox"/> Delete HORACE MANN PLAZA, STE 1 SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M <input type="checkbox"/> Delete HORACE MANN PLAZA, STE.1 SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECKMAN, PETER H <input type="checkbox"/> Delete #1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. V. P. & Tax Compliance Officer**  
 Date: **APR 28 2004**  
 Daytime Phone #: **217-788-5385**

**Diane Barnett**