

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90017 009 \*\*\*150.00

*60010418*



01242007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P23559</b>			
1. Entity Name <b>HORACE MANN INSURANCE COMPANY</b>			
Principal Place of Business <b>1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>		Mailing Address <b>1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1027412</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6: Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CHIEF FINANCIAL OFFICER</b> P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC LOWER, LOUIS G 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP &amp; TAX DIRECTOR</i> <i>Alice A. Lowry</i> <i>1 HORACE MANN PLAZA</i> <i>Springfield, IL 62715</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV BARNETT, DIANE M. 1 HORACE MANN PLAZA SPRINGFIELD, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CAPARROS, ANN M HORACE MANN PLAZA, STE 1 SPRINGFIELD, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HECKMAN, PETER H #1 HORACE MANN PLAZA SPRINGFIELD, IL 62715 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Alice A. Lowry</i>		Date: <i>1/27/07</i> Daytime Phone #: <i>217-788-5393</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT

60010418

#P23559

HORACE MANN INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews  
Ann M. Caparrós  
Frank D' Ambra III  
\*Peter H. Heckman  
Robert B. Joyner  
\*Louis G. Lower II  
\*Douglas W. Reynolds

\*Member of Executive Committee

OFFICERS ELECTED BY THE BOARD OF DIRECTORS

Chairman, President & Chief Executive Officer  
Executive Vice President & Chief Financial Officer  
Executive Vice President  
Senior Vice President & Controller  
Senior Vice President, Finance  
Senior Vice President, Marketing  
Senior Vice President, Claims  
Senior Vice President  
Vice President, General Counsel, Corporate Secretary  
& Chief Compliance Officer  
Vice President, Chief Counsel & Assistant Corporate Secretary  
Vice President & Treasurer  
Vice President & Chief Actuary  
Vice President & Audit Director  
Vice President & Tax Director  
Vice Presidents:

Assistant Vice President & Tax Compliance Officer  
Assistant Vice Presidents:

Louis G. Lower II  
Peter H. Heckman  
Douglas W. Reynolds  
Bret A. Conklin  
Dwayne D. Hallman  
Robert B. Joyner  
Dennis E. Bianchi  
Thomas C. Wilkinson

Ann M. Caparrós  
Rhonda R. Armstead  
Angela S. Christian  
Richard V. Atkinson  
Deborah F. Kretchmar  
Alice A. Lowry  
Van A. McNeal  
Richard A. Doran  
Clara L. McDaniels  
Diane M. Barnett  
Donald L. Closter  
David H. Ousley  
Judith A. Walsh

22 September 2006