

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23559

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HORACE MANN INSURANCE COMPANY

## Current Principal Place of Business:

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

## New Principal Place of Business:

## Current Mailing Address:

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

## New Mailing Address:

FEI Number: 59-1027412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete  
Name: LOWER, LOUIS G  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: AV ( ) Delete  
Name: BARNETT, DIANE M.  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL

Title: DVS ( ) Delete  
Name: CAPARROS, ANN M  
Address: HORACE MANN PLAZA, STE 1  
City-St-Zip: SPRINGFIELD, IL

Title: DV ( ) Delete  
Name: HECKMAN, PETER H  
Address: #1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: VP ( ) Delete  
Name: LOWRY, ALICE A  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

Title: T ( ) Delete  
Name: CHRISTIAN, ANGELA  
Address: 1 HORACE MANN PLAZA  
City-St-Zip: SPRINGFIELD, IL 62715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE A LOWRY

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date

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**HORACE MANN INSURANCE COMPANY**

**BOARD OF DIRECTORS**

Paul D. Andrews  
Ann M. Caparrós  
\*Peter H. Heckman  
\*Louis G. Lower II  
\*Thomas C. Wilkinson

\*Member of Executive Committee

**OFFICERS ELECTED BY THE BOARD OF DIRECTORS**

Chairman, President & Chief Executive Officer	Louis G. Lower II
Executive Vice President & Chief Financial Officer	Peter H. Heckman
Executive Vice President & Chief Marketing Officer	Stephen P. Cardinal
Executive Vice President	Thomas C. Wilkinson
Senior Vice President & Controller	Bret A. Conklin
Senior Vice President, Finance	Dwayne D. Hallman
Senior Vice President, Claims	Dennis E. Bianchi
Vice President, General Counsel, Corporate Secretary & Chief Compliance Officer	Ann M. Caparrós
Vice President, Chief Counsel & Assistant Corporate Secretary	Rhonda R. Armstead
Vice President & Treasurer	Angela S. Christian
Vice President & Chief Actuary, Property & Casualty	Richard V. Atkinson
Vice President & Tax Director	Alice A. Lowry
Vice Presidents:	Van A. McNeal
	Richard A. Doran
Assistant Vice President & Tax Compliance Officer	Diane M. Barnett
Assistant Vice Presidents:	Donald L. Closter
	David H. Ousley
	Judith A. Walsh

31 December 2008