

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90077 029 ***150.00

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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**

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

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



CHECK HERE IF MAKING CHANGES

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 **FL** Zip

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. ~~SEE ATTACHED LIST~~ OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWER, LOUIS G II 1 HORACE MANN PLAZA SPRINGFIELD IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, ROBERT H. 1 HORACE MANN PLAZA SPRINGFIELD IL	<input checked="" type="checkbox"/> Delete
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	VD HECKMAN, PETER H HORACE MANN PLAZA, STE 1 SPRINGFIELD IL	<input type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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* **DIANE BARNETT** APR 15 2003 217-788-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

HORACE MANN INSURANCE CO.
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of January 21, 2003

10082722
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<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
D/P/C	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V/S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HALLMAN, DWAYNE D.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/AS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ATKINSON, RICHARD V.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

Attachment #

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FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of January 21, 2003

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P23559

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
V	KRETCHMAR, DEBORAH F.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BIANCHI, DENNIS E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	OUSLEY, DAVID H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
O	WALSH, JUDITH A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715