

| No. 32063                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Idaho Corporation Annual Report Form</b><br><i>Due No Later Than November 1</i>                                                                                                                                                                                                                                                                                 | 2. Registered Agent and Office                                                                                                              |                         |                        |      |          |                         |                                                                                                                      |       |                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|------|----------|-------------------------|----------------------------------------------------------------------------------------------------------------------|-------|-------------------------|--|--|
| Return To<br><br><b>Secretary of State<br/>Room 203, Statehouse<br/>Boise, ID 83720</b><br><br><b>** FINAL NOTICE **<br/>NO FEE REQUIRED</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    | RONALD STRICKLING<br>1524 LAPRELE STREET, APT.<br><br>IDAHO FALLS ID 83402<br><br>3. Incorporated Under The Laws<br>of MD<br><br>NO: 032063 |                         |                        |      |          |                         |                                                                                                                      |       |                         |  |  |
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">           President:<br/>           Secretary:<br/>           Directors:<br/><br/> <div style="font-size: 2em; margin-top: 20px;">See Attached List</div> </td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             | Name                    | Street or P.O. Address | City | State    | Zip                     | President:<br>Secretary:<br>Directors:<br><br><div style="font-size: 2em; margin-top: 20px;">See Attached List</div> |       |                         |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                      | Street or P.O. Address                                                                                                                                                                                                                                                                                                                                             | City                                                                                                                                        | State                   | Zip                    |      |          |                         |                                                                                                                      |       |                         |  |  |
| President:<br>Secretary:<br>Directors:<br><br><div style="font-size: 2em; margin-top: 20px;">See Attached List</div>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             |                         |                        |      |          |                         |                                                                                                                      |       |                         |  |  |
| 5. Nature of Business<br><br>Broker Dealer                                                                                                                                                                                                                                                                                                                                                                                                | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table> <tr> <td>Signature</td> <td><i>Diane Barnett</i></td> <td>Date</td> <td>10/17/90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DIANE BARNETT</td> <td>Title</td> <td>Assistant Treasurer-Tax</td> </tr> </table> |                                                                                                                                             | Signature               | <i>Diane Barnett</i>   | Date | 10/17/90 | Name (Typed or Printed) | DIANE BARNETT                                                                                                        | Title | Assistant Treasurer-Tax |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>Diane Barnett</i>                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                        | 10/17/90                |                        |      |          |                         |                                                                                                                      |       |                         |  |  |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                   | DIANE BARNETT                                                                                                                                                                                                                                                                                                                                                      | Title                                                                                                                                       | Assistant Treasurer-Tax |                        |      |          |                         |                                                                                                                      |       |                         |  |  |

Matters

HORACE MANN INVESTORS, INC.  
DIRECTORS AND OFFICERS LISTING  
AS OF AUGUST 31, 1990

|                                 |                     |                                                     |
|---------------------------------|---------------------|-----------------------------------------------------|
| DIRECTOR<br>PRESIDENT           | A. THOMAS ARISMAN   | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| V.PRESIDENT<br>DIRECTOR         | WILLIAM J. KELLY    | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| SECRETARY<br>DIRECTOR           | RAYMOND P. WEBER    | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| TREASURER<br>COMPLIANCE OFFICER | RICHARD D. WILSON   | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| V. PRESIDENT                    | HARRY MITCHELL, JR. | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| ASST. SECRETARY                 | MARSHA M. MURRAY    | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |
| ASST. SECRETARY                 | LINDA L. SACCO      | #1 HORACE MANN PLAZA<br>SPRINGFIELD, ILLINOIS 62715 |