

State of Idaho

Office of the Secretary of State

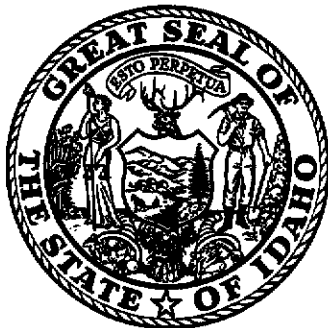
**CERTIFICATE OF WITHDRAWAL
OF
HORACE MANN EDUCATOR BENEFITS CONSULTING CORPORATION**

File Number C 85362

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Withdrawal and attach hereto a duplicate of the Application for such Certificate.

Dated: August 28, 2009



Ben Yursa

SECRETARY OF STATE

By _____

A large, stylized handwritten signature in black ink is written over a horizontal line. The signature appears to be "Ben Yursa".



APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

09 AUG 28 AM 8:16

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of Idaho

Pursuant to Section 30-1-1520, Idaho Code, the undersigned Corporation hereby applies for a certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:

1. The name of the corporation is:

Horace Mann Educator Benefits Consulting Corporation

The name which it used in Idaho is:

Horace Mann Educator Benefits Consulting Corporation

2. It is incorporated under the laws of Illinois

3. It is not transacting business in the State of Idaho.

4. It hereby surrenders its authority to transact business in said state.

5. It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.

6. The post office address to which process against the corporation may be mailed is:

1 Horace Mann Plaza; Springfield, IL 62715

7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.

Signature Linea K. Michael

Typed Name Linea K. Michael

Capacity Assistant Corporate Secretary

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

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centofwithdrawal_corp.p65
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
08/28/2009 05:00
CK: 7708257944 CT: 139497 BH: 1184983
1 @ 20.00 = 20.00 FOR WITHDR # 2

FILED EFFECTIVE

C 85362