#### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153159

Entity Name: HORACE MANN MGA AND BROKERAGE OF FLORIDA, INC.

FILED
Apr 29, 2021
Secretary of State
1989081929CC

## **Current Principal Place of Business:**

1 HORACE MANN PLAZA SPRINGFIELD, IL 62715-0001

### **Current Mailing Address:**

1 HORACE MANN PLAZA

SPRINGFIELD, IL 62715-0001 US

FEI Number: 20-0500272 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

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

CONKLIN, BRET A

#### Officer/Director Detail:

Title	DIRECTOR, CHAIRMAN, PRESIDENT &	Title	DIRECTOR, EXEC VP & CFO
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Name

CEO

Name ZURAITIS, MARITA Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, GENERAL COUNSEL, Name CAVIE TROV M

CORP SECRETARY & CCO

Name

GAYLE, TROY M

Name CARLEY, DONALD M Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: SPRINGFIELD IL 62715 Title DIRECTOR, EVP

Title VP & TAX DIRECTOR Name SHARPE, MATTHEW P

Name STUENKEL, JEREMY Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: SPRINGFIELD IL 62715 Title CORPORATE SECRETARY

Title DIRECTOR, EVP Name MICHAEL, LINEA K

Name RUGENSTEIN, WADE A Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62/15

City-State-Zip: SPRINGFIELD IL 62715 Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JEREMY STUENKEL VICE PRESIDENT 04/29/2021

# Officer/Director Detail Continued:

Title VP Title DIRECTOR

NameJOHNSON, KIMBERLY ANameDESROCHERS, MARKAddress1 HORACE MANN PLAZAAddress1 HORACE MANN PLAZACity-State-Zip:SPRINGFIELD IL 62715-0001City-State-Zip:SPRINGFIELD IL 62715

Title DIRECTOR

Name WECKENBROCK, MICHAEL
Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001