

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000153159

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

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC4843585938**

**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

**Officer/Director Detail :**

Title PD  
Name HECKMAN, PETER H  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VD  
Name HALLMAN, DWAYNE D  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VSD  
Name CAPARROS, ANN M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VPT  
Name CHRISTIAN, ANGELA S  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0000

Title D  
Name ANDREWS, PAUL D  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP  
Name PROVENZANO, CRAIG S  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

*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: CRAIG S. PROVENZANO**

**VP**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date