

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817138

Entity Name: HORACE MANN LIFE INSURANCE COMPANY**Current Principal Place of Business:**1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 62715-0001**Current Mailing Address:**1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 62715-0001 US**FEI Number:** 37-0726637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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	DIRECTOR, CHAIRMAN, PRESIDENT & CEO
Name	ZURAITIS, MARITA
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	DIRECTOR, GENERAL COUNSEL, & CORP SECRETARY & CCO
Name	CARLEY, DONALD M
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	DIRECTOR, EXEC VP & CFO
Name	CONKLIN, BRET A
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	VP & TAX DIRECTOR
Name	STUENKEL, JEREMY
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	DIRECTOR, EVP
Name	SHARPE, MATTHEW P
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	VP & TREASURER
Name	GAYLE, TROY M
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	SVP, DIRECTOR
Name	MICHAEL, WECKENBROCK
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	ASSISTANT CORP SECRETARY
Name	MICHAEL, LINEA K
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

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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

VP & TAX DIRECTOR

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name JOHNSON, KIMBERLY A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR
Name DESROCHERS, MARK
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title SVP
Name GREENIER, RYAN
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001