

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819113

**Entity Name:** EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**0243008156CC**

**Current Principal Place of Business:**

ATTN: CORPORATE TAX DEPT  
1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001

**Current Mailing Address:**

ATTN: CORPORATE TAX DEPT  
1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001 US

**FEI Number: 95-1858796**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMM. OF INS. AND TREASURY  
200 E GAINS STREET  
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, EXEC VP & CFO  
Name CONKLIN, BRET A  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR & CORP SECRETARY  
Name CARLEY, DONALD M  
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, CHAIRMAN, PRESIDENT & CEO  
Name ZURAITIS, MARITA  
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 DIRECTOR, EVP  
Name SHARPE, MATTHEW P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title ASSISTANT CORPORATE 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**

**04/27/2023**

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

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