

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819113

Entity Name: EDUCATORS LIFE INSURANCE COMPANY OF AMERICA**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
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

VICE PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, EVP
Name RUGENSTEIN, WADE A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

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

Title VP
Name JOHNSON, KIMBERLY A
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