

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830791

**Entity Name:** HORACE MANN SERVICE CORPORATION**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:** 37-0972590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 DIRECTOR, EXEC VP & CFO  
Name HALLMAN, DWAYNE D  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

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

Title DIRECTOR & SR VP  
Name CALDWELL, WILLIAM J  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT VP & TAX COMPLIANCE  
OFFICER  
Name BARNETT, DIANE M  
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 CHRISTIAN, ANGELA S  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, SR VP FIELD  
OPERATIONS & DISTRIBUTION  
Name STACY, KELLY J  
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:** CRAIG S. PROVENZANO

VP &amp; TAX DIRECTOR

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP & AUDIT DIRECTOR  
Name BELLOWS, JOYCE R  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title DIRECTOR & HUMAN RESOURCES OFFICER  
Name MC CARTHY, JOHN P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

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

Title VP & CHIEF PROCUREMENT OFFICER  
Name GARWOOD, TIMOTHY D  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, SR VP & CIO  
Name FIGURSKI, SANDRA L  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

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