# **2023 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:

Electronic Signature of 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:

Name

Date

**FILED** Apr 28, 2023

Secretary of State

5899395777CC

### Officer/Director Detail:

Title DIRECTOR, EXEC VP & CFO Title DIRECTOR, GENERAL COUNSEL, CORPORATE SECRETARY & CCO

Name CONKLIN, BRET A Name CARLEY, DONALD M

Address 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715 City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN, PRESIDENT &

Title **VP & TAX DIRECTOR** Name STUENKEL, JEREMY Name ZURAITIS, MARITA 1 HORACE MANN PLAZA Address Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715 SPRINGFIELD IL 62715 City-State-Zip:

Title DIRECTOR & EXEC VP LIFE & Title **VP & TREASURER** 

RETIREMENT GAYLE, TROY M

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

Title SVP, DIRECTOR ASSISTANT CORPORATE Title Name WECKENBROCK, MICHAEL SECRETARY

Name MICHAEL, LINEA K

1 HORACE MANN PLAZA Address

1 HORACE MANN PLAZA Address City-State-Zip: SPRINGFIELD IL 62715 SPRINGFIELD IL 62715 City-State-Zip:

#### Continues on page 2

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.

04/28/2023 SIGNATURE: JEREMY STUENKEL VP & TAX DIRECTOR

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 VF

Name ATTERBERRY, KRISTEN J Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, SVP

Name DESROCHERS, MARK
Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP

Name SHAPIRO, MATTHEW

Address 1 HORACE MANN PLAZA

ATTN: CORPORATE TAX DEPT

City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP

Name FULKS, STEPHANIE

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title VP

Name MOORE, PETER G

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 CHIEF HUMAN RESOURCES OFFICER

Name THAYER, JENNIFER

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title DESIGNATED RESPONSIBLE

LICENSED PRODUCER

Name ALFRED, JONES

Address 1 HORACE MANN PLAZA

ATTN: CORPORATE TAX DEPT

City-State-Zip: SPRINGFIELD IL 62715-0001