

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002884

Entity Name: HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715**Current Mailing Address:**1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715**FEI Number: 95-2413390****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 D
Name ANDREWS, PAUL D
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DV
Name CARDINAL, STEPHEN P
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DV
Name HALLMAN, DWAYNE D
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, GENERAL COUNSEL,
CORPORATE SECRETARY, & CHIEF
COMPLIANCE OFFICER

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

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

Title DP
Name HECKMAN, PETER H
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

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

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date