Entity Name: HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

Current Mailing Address:

DOCUMENT# F0900002884

1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

FEI Number: 95-2413390

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIRECTOR, EXEC VP PROPERTY & CASUALTY	Title	DIRECTOR, GENERAL COUNSEL, CORP SECRETARY, & CCO		
Name	CALDWELL, WILLIAM J	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	VP & TAX DIRECTOR	Title	DIRECTOR, EXEC VP & CFO		
Name	PROVENZANO, CRAIG S	Name	CONKLIN, BRET A		
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 & CEO	Title Name	DIRECTOR SHARPE, MATTHEW P		
Name	ZURAITIS, MARITA	Address	1 HORACE MANN PLAZA		
Address	1 HORACE MANN PLAZA	City-State-Zip:	SPRINGFIELD IL 62715		
City-State-Zip:	SPRINGFIELD IL 62715				
		Title	VP & AUDIT DIRECTOR		
Title	VP & TREASURER	Name	BELLOWS, JOYCE R		
Name	CHRISTIAN, ANGELA S	Address	1 HORACE MANN PLAZA		
Address	1 HORACE MANN PLAZA	City-State-Zip:	SPRINGFIELD IL 62715		
City-State-Zip:	SPRINGFIELD IL 62715				
		Continues	n nago 2		

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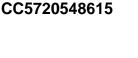
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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

VICE PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail



Date

FILED Apr 30, 2018

Secretary of State

Date

Officer/Director Detail Continued :

Title	CHIEF ACTUARY	Title	VP
Name	DESROCHERS, MARK R	Name	CLOSTER, DONALD L
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title Name Address	ASSISTANT VP & TAX COMPLIANCE OFFICER BARNETT, DIANE M 1 HORACE MANN PLAZA	Title Name	ASSISTANT CORPORATE SECRETARY MICHAEL, LINEA K
City-State-Zip:	SPRINGFIELD IL 62715	Address City-State-Zip:	1 HORACE MANN PLAZA SPRINGFIELD IL 62715
Title Name Address City-State-Zip:	DIRECTOR, SR VP & CIO FIGURSKI, SANDRA L 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	Title Name Address City-State-Zip:	DIRECTOR MC CARTHY, JOHN P 1 HORACE MANN PLAZA SPRINGFIELD IL 62715
Title Name Address City-State-Zip:	DIRECTOR, VP ROBINSON, ALLAN C 1 HORACE MANN PLAZA SPRINGFIELD IL 62715	Title Name Address City-State-Zip:	VP JOHNSON, KIMBERLY A 1 HORACE MANN PLAZA SPRINGFIELD IL 62715