

2018 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:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
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 PROPERTY & CASUALTY**Name** CALDWELL, WILLIAM J**Address** 1 HORACE MANN PLAZA**City-State-Zip:** SPRINGFIELD IL 62715**Title** DIRECTOR, GENERAL COUNSEL, CORP SECRETARY, & CCO**Name** CARLEY, DONALD 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, EXEC VP & CFO**Name** CONKLIN, BRET A**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** DIRECTOR**Name** SHARPE, MATTHEW P**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** VP & AUDIT DIRECTOR**Name** BELLOWS, JOYCE R**Address** 1 HORACE MANN PLAZA**City-State-Zip:** SPRINGFIELD IL 62715**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.

SIGNATURE: CRAIG S. PROVENZANO**VICE PRESIDENT****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF ACTUARY
Name DESROCHERS, MARK R
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, SR VP & CIO
Name FIGURSKI, SANDRA L
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, VP
Name ROBINSON, ALLAN C
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP
Name CLOSTER, DONALD L
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

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

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

Title VP
Name JOHNSON, KIMBERLY A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715