

F09000002884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

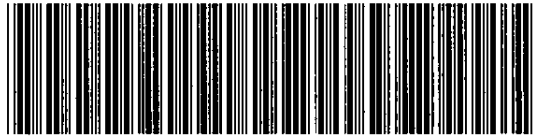
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Linea Michael GAVE
AUTHORIZATION BY PHONE TO
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DATE 7/20/09
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 20 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Horace Mann Property & Casualty Insurance Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Linea Michael

Name of Person

Horace Mann Property & Casualty Insurance Company

Firm/Company

1 Horace Mann Plaza

Address

Springfield, IL 62715

City/State and Zip code

Diane.Barnett@horacemann.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linea Michael

Name of Person

at (217) 788-5710

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

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1. Horace Mann Property & Casualty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 95-2413390
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 25, 1965 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Horace Mann Plaza, Springfield, Illinois 62715
(Principal office address)

1 Horace Mann Plaza, Springfield, Illinois 62715
(Current mailing address)

8. See attached.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sonya L. Cordell Sonya L. Cordell
(Registered agent's signature) Assistant VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

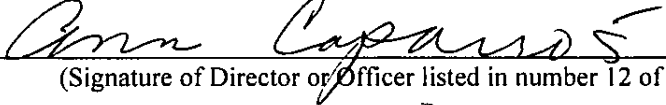
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Ann M. Caparros, Corporate Secretary
(Typed or printed name and capacity of person signing application)

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SECOND: The purposes for which this corporation is formed are:

- (a) To engage primarily in the specific business of writing contracts of insurance in the classes of automobile insurance and liability insurance.
- (b) To engage generally in the business of writing any and all of the following classes of insurance contracts:

- Fire
- Marine
- Surety
- Disability
- Plate Glass
- Workmen's Compensation
- Common Carrier Liability
- Boiler and Machinery
- Burglary
- Credit
- Sprinkler
- Team and Vehicle
- Aircraft
- Miscellaneous

- (c) To engage in any business whether related or unrelated to those described in clauses (a) and (b) of this Article that may from time to time be authorized or approved by the Board of Directors of this corporation.
- (d) To exercise any and all rights and powers which a corporation may now or hereafter exercise.
- (e) To act as a principal, agent, joint venture, partner or in any other legal capacity which may be authorized or approved by the Board of Directors of this corporation.
- (f) To transact business in the State of California or in any other jurisdiction of the United States of America or elsewhere in the world.

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The foregoing statement of purposes shall be construed as a statement of both purposes and powers in each clause shall, except where otherwise expressed, be in nowise limited or restricted by reference to or interference from the terms or provisions of any other clause, but shall be regarded as independent purposes and powers.

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews
Ann M. Caparrós
Stephen P. Cardinal
*Brent H. Hamann
*Peter H. Heckman
*Louis G. Lower II
*Thomas C. Wilkinson

*Member of Executive Committee

OFFICERS ELECTED BY THE BOARD OF DIRECTORS

Chairman, President & Chief Executive Officer
Executive Vice President & Chief Financial Officer
Executive Vice President & Chief Marketing Officer
Executive Vice President
Senior Vice President & Controller
Senior Vice President, Finance
Senior Vice President, Claims
General Counsel, Corporate Secretary
& Chief Compliance Officer
Vice President & Treasurer
Vice President & Chief Actuary, Property & Casualty
Vice President & Audit Director
Vice Presidents:

Assistant Vice President & Tax Compliance Officer
Assistant Vice Presidents:

Assistant Corporate Secretary

Louis G. Lower II
Peter H. Heckman
Stephen P. Cardinal
Thomas C. Wilkinson
Bret A. Conklin
Dwayne D. Hallman
Dennis E. Bianchi
Ann M. Caparrós

Angela S. Christian
Richard V. Atkinson
Joel E. Brandenburg
Van A. McNeal
Donald L. Closter
Diane M. Barnett
David H. Ousley
Judith A. Ostermeier
Linea K. Michael

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

FILE NUMBER: C0488150
FORMATION DATE: 03/25/1965
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 02, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State