# 2010 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 01, 2010**
**Secretary of State**

DOCUMENT# F09000002884

**Entity Name:** HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

**New Principal Place of Business:**

**Current Mailing Address:**

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

**New Mailing Address:**

**FEI Number: 95-2413390** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: JUDY FLYNN

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: ANDREWS, PAUL D
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715

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

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

Title: D
Name: HAMANN, BRENT H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 62715

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

Title: DP
Name: LOWER, LOUIS G
Address: 1 HORACE MANN PLAZA
City-St-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: DIANE BARNETT VP 10/01/2010

Electronic Signature of Signing Officer or Director — Date