2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153159

Entity Name: HORACE MANN MGA AND BROKERAGE OF FLORIDA, INC.

FILED Apr 28, 2015 **Secretary of State** CC4229169062

Current Principal Place of Business:

1 HORACE MANN PLAZA SPRINGFIELD. IL 62715-0001

Current Mailing Address:

1 HORACE MANN PLAZA

SPRINGFIELD, IL 62715-0001 US

FEI Number: 20-0500272 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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 Name	DIRECTOR, CHAIRMAN, PRESIDENT & CEO ZURAITIS, MARITA	Title	DIRECTOR, EXEC VP & CFO
		Name	HALLMAN, DWAYNE D
		Address	1 HORACE MANN PLAZA
Address	1 ΗΟΡΔΟΕ ΜΔΝΝ ΡΙ ΔΖΔ	71441000	THOU TO LOUR WATER TO THE TENTE

1 HORACE MANN PLAZA Address City-State-Zip: SPRINGFIELD IL 62715

DIRECTOR, GENERAL COUNSEL & Title

CORPORATE SECRETARY Name CAPARROS, ANN M

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR Name CALDWELL, WILLIAM J 1 HORACE MANN PLAZA Address

SPRINGFIELD IL 62715 City-State-Zip:

Title DIRECTOR, EXEC VP & CMO CARDINAL, STEPHEN P Name Address 1 HORACE MANN PLAZA

SPRINGFIELD IL 62715 City-State-Zip:

City-State-Zip: SPRINGFIELD IL 62715

VP & TREASURER Title Name CHRISTIAN, ANGELA S

Address 1 HORACE MANN PLAZA SPRINGFIELD IL 62715 City-State-Zip:

Title **VP & TAX DIRECTOR** Name PROVENZANO, CRAIG S

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR

Name SHARPE, MATTHEW P

1 HORACE MANN PLAZA Address

City-State-Zip: SPRINGFIELD IL 62715

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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

VP & TAX DIRECTOR

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SR VP & CONTROLLER

Name CONKLIN, BRET A

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 VP & TAX COMPLIANCE OFFICER

Name BARNETT, DIANE M
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 62715-0001

Title VP & AUDIT DIRECTOR

Name BELLOWS, JOYCE R

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title CORPORATE SECRETARY

Name MICHAEL, LINEA K

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 62715-0001