

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841531

**Entity Name:** HORACE MANN INVESTORS, INC.

**Current Principal Place of Business:**

1 HORACE MANN PLAZA  
ATTN: TAX DEPT.  
SPRINGFIELD, IL 62715

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC6603296258**

**Current Mailing Address:**

1 HORACE MANN PLAZA  
ATTN: TAX DEPT.  
SPRINGFIELD, IL 62715 US

**FEI Number: 37-0792966**

**Certificate of Status Desired: No**

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

COMPTROLLER OF THE STATE  
DIVISION OF SECURITIES --1402 CAPITOL BLDG  
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 TAX COMPLIANCE OFFICER  
Name BARNETT, DIANE M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title SECRETARY  
Name ARTHUR, ELIZABETH E  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, PRESIDENT, CEO & CCO  
Name SHERMAN, NORMAN R  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title TREASURER  
Name CHRISTIAN, ANGELA S  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title TAX DIRECTOR  
Name PROVENZANO, CRAIG S  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title DIRECTOR & CHAIRMAN  
Name SHARPE, MATTHEW P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title CFO  
Name JOHNSON, KIMBERLY A  
Address 1 HORACE MANN PLAZA  
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**

**TAX DIRECTOR**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name            CONKLIN, BRET A  
Address         1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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