

**2013 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 29, 2013**  
**Secretary of State**  
**CC2338143480**

**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 TCO  
Name BARNETT, DIANE M.  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title P  
Name TERRY, JOSEPH D  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title VP  
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

*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**

**04/29/2013**

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

\_\_\_\_\_  
Date