

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841531

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

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**1049160039CC**

**Current Principal Place of Business:**

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

**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 PETERSON, EMILY  
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 GAYLE, TROY M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title TAX DIRECTOR  
Name STUENKEL, JEREMY  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR  
Name CARLEY, DONALD M  
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

Title CHIEF SUPERVISORY OFFICER  
Name RADCLIFFE, JEFFERY  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

**Continues on page 2**

*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: JEREMY STUENKEL**

**TAX DIRECTOR**

**04/28/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, CHAIRMAN  
Name BENHAM, BRET L  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715