

2018 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 30, 2018
Secretary of State
CC5027821246

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 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 CONTROLLER
Name CONKLIN, BRET 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

VICE PRESIDENT

04/30/2018

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