

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002884

FILED
Apr 26, 2017
Secretary of State
CC5417743736

Entity Name: HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

Current Mailing Address:

1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

FEI Number: 95-2413390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 DIRECTOR, EXEC VP PROPERTY & CASUALTY

Name CALDWELL, WILLIAM J

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, GENERAL COUNSEL, CORP SECRETARY, & CCO

Name CARLEY, DONALD M

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title VP & TAX DIRECTOR

Name PROVENZANO, CRAIG S

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EXEC VP & CFO

Name CONKLIN, BRET A

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN, PRESIDENT & CEO

Name ZURAITIS, MARITA

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR

Name SHARPE, MATTHEW P

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title VP & TREASURER

Name CHRISTIAN, ANGELA S

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title VP & AUDIT DIRECTOR

Name BELLOWS, JOYCE R

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

VP & TAX DIRECTOR

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF ACTUARY
Name DESROCHERS, MARK R
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, SR VP & CIO
Name FIGURSKI, SANDRA L
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 CORPORATE SECRETARY
Name MICHAEL, LINEA K
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