

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002884

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**1853574652CC**

**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 AVP & TAX DIRECTOR

Name STUENKEL, JEREMY

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 GAYLE, TROY M

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: JEREMY STUENKEL**

**AVP**

**04/30/2019**

\_\_\_\_\_  
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  
Name BENHAM, BRET L  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, VP  
Name ROBINSON, ALLAN C  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP  
Name GREENIER, RYAN  
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 MOORE, ELIZABETH P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP  
Name JOHNSON, KIMBERLY A  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715