

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002884

FILED
May 01, 2024
Secretary of State
5508791064CC

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, 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 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, EVP
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 SVP, DIRECTOR
Name DESROCHERS, MARK R
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

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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: STUENKEL, JEREMY

VP & TAX DIRECTOR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WECKENBROCK, MICHAEL
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title SVP
Name GREENIER, RYAN
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EVP & CHIEF OPERATING
OFFICER
Name MC ANENA, STEPHEN
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715