

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002884

FILED
Apr 28, 2016
Secretary of State
CC4532363408

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 & SR VP	Title	DIRECTOR & CORP SECRETARY
Name	CALDWELL, WILLIAM J	Name	CAPARROS, ANN M
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	DIRECTOR, SR VP FIELD OPERATIONS & DISTRIBUTION	Title	VP & TAX DIRECTOR
Name	STACY, KELLY J	Name	PROVENZANO, CRAIG S
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	DIRECTOR, EXEC VP & CFO	Title	DIRECTOR, CHAIRMAN, PRESIDENT & CEO
Name	HALLMAN, DWAYNE D	Name	ZURAITIS, MARITA
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	DIRECTOR	Title	SR VP & CONTROLLER
Name	SHARPE, MATTHEW P	Name	CONKLIN, BRET A
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	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

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP & TREASURER
Name CHRISTIAN, ANGELA S
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP
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 GENERAL COUNSEL
Name CARLEY, DONALD 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

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