

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005142

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**1189058508CC**

**Entity Name:** HORACE MANN GENERAL AGENCY CORPORATION

**Current Principal Place of Business:**

4949 KELLER SPRINGS RD.  
ADDISON, TX 75001

**Current Mailing Address:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715 US

**FEI Number: 75-2508258**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, DIRECTOR  
Name CARLEY, DONALD  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP  
Name SANDERS, TYSON  
Address 4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001

Title SENIOR VICE PRESIDENT FINANCE  
Name GREENIER, RYAN  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP & T  
Name GAYLE, TROY  
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 ASST. SEC  
Name MICHAEL, LINEA  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title PRESIDENT, CEO, DIRECTOR  
Name ZURAITIS, MARITA  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title CFO, DIRECTOR  
Name CONKLIN, BRET  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

**Continues on page 2**

*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**

**VP & TAX DIRECTOR**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DESIGNATED RESPONSIBLE LICENSED  
                  PRODUCER

Name            JONES, ALFRED

Address        1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715