

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23559

**Entity Name:** HORACE MANN INSURANCE COMPANY

**Current Principal Place of Business:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001

**Current Mailing Address:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715-0001 US

**FEI Number:** 59-1027412

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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, CHAIRMAN, PRESIDENT &  
                  CEO  
Name            ZURAITIS, MARITA  
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, GENERAL COUNSEL,  
                  CORP SECRETARY, & CCO  
Name            CARLEY, DONALD M  
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            VP & TAX DIRECTOR  
Name            PROVENZANO, CRAIG S  
Address         1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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

Title            DIRECTOR, EXEC VP PROPERTY &  
                  CASUALTY  
Name            CALDWELL, WILLIAM J  
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

**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:** CRAIG S. PROVENZANO

**VICE PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 DIRECTOR, SR VP & CIO  
Name FIGURSKI, SANDRA L  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, VP  
Name ROBINSON, ALLAN C  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP  
Name CLOSTER, DONALD L  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title CHIEF ACTUARY  
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

Title DIRECTOR  
Name MC CARTHY, JOHN P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP  
Name JOHNSON, KIMBERLY A  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001