

**2016 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 & CORP SECRETARY  
Name CAPARROS, ANN M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EXEC VP & CFO  
Name HALLMAN, DWAYNE D  
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, SR VP  
Name CALDWELL, WILLIAM J  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, SR VP FIELD OPERATIONS & DISTRIBUTION  
Name STACY, KELLY J  
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

**VP & TAX DIRECTOR**

**04/28/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title GENERAL COUNSEL  
Name CARLEY, DONALD M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title SR VP & CONTROLLER  
Name CONKLIN, BRET A  
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 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