2014 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

FILED Apr 22, 2014

Secretary of State

CC5966125016

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN, PRESIDENT & Title

ASSISTANT VP & TAX COMPLIANCE

OFFICER

CEO Name ZURAITIS, MARITA

Name

BARNETT, DIANE M

1 HORACE MANN PLAZA Address City-State-Zip: SPRINGFIELD IL 62715

Address 1 HORACE MANN PLAZA City-State-Zip:

SPRINGFIELD IL 62715

Title DIRECTOR, GENERAL COUNSEL,

Title

DIRECTOR, EXEC VP & CFO

CORP SECRETARY & CHIEF COMPLIANCE OFFICER

Name

HALLMAN, DWAYNE D

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

VP & TREASURER

Title **VP & TAX DIRECTOR** Name CHRISTIAN, ANGELA

Name PROVENZANO, CRAIG S Address 1 HORACE MANN PLAZA

Address 1 HORRACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: SPRINGFIELD IL 62715

Title

DIRECTOR & EXEC VP CARDINAL, STEPHEN P

Title DIRECTOR Name ANDREWS, PAUL D Name Address 1 HORACE MANN PLAZA

1 HORACE MANN PLAZA Address

City-State-Zip: SPRINGFIELD IL 62715

SPRINGFIELD IL 62715 City-State-Zip:

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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

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

City-State-Zip: SPRINGFIELD IL 62715

Name

Address

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

VΡ **VP & AUDIT DIRECTOR** Title Title

Name GEORGE, DOUGLAS K BELLOWS, JOYCE R Name Address 1 HORACE MANN PLAZA 1 HORACE MANN PLAZA Address SPRINGFIELD IL 62715 City-State-Zip: City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT CORPORATE Title VΡ

SECRETARY

CLOSTER, DONALD L Name MICHAEL, LINEA K 1 HORACE MANN PLAZA

Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715 City-State-Zip: SPRINGFIELD IL 62715