2024 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 May 01, 2024

Secretary of State

1405683170CC

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN, PRESIDENT &

CEO

Title DIRECTOR, GENERAL COUNSEL.

CORP SECRETARY, & CCO

ZURAITIS, MARITA

CARLEY, DONALD M

Address

1 HORACE MANN PLAZA

Address

1 HORACE MANN PLAZA

City-State-Zip:

Name

SPRINGFIELD IL 62715

City-State-Zip:

SPRINGFIELD IL 62715

Title

DIRECTOR, EXEC VP & CFO

Title

Name

VP & TAX DIRECTOR

Name Address CONKLIN, BRET A

Name

STUENKEL, JEREMY

1 HORACE MANN PLAZA

Address

1 HORRACE MANN PLAZA

City-State-Zip:

SPRINGFIELD IL 62715

City-State-Zip:

SPRINGFIELD IL 62715

Title

VP & TREASURER

Title

DIRECTOR, EVP

Name

GAYLE, TROY M

Name

SHARPE, MATTHEW P

Address

1 HORACE MANN PLAZA

Address

1 HORACE MANN PLAZA

City-State-Zip:

City-State-Zip:

SPRINGFIELD IL 62715

City-State-Zip:

SPRINGFIELD IL 62715

Title

Address

DIRECTOR, SVP

Title

ASSISTANT CORPORATE

SECRETARY

Name DESROCHERS, MARK R

Name Address MICHAEL, LINEA K 1 HORACE MANN PLAZA

1 HORACE MANN PLAZA SPRINGFIELD IL 62715

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

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SVP

Name JOHNSON, KIMBERLY A

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR

Name MICHAEL, WECKENBROCK

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT TREASURER

Name LUBER, RACHAEL

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title SVP

Name GREENIER, RYAN

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, EVP & CHIEF OPERATING

OFFICER

Name MC ANENA, STEPHEN

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715-0001