

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23559

Entity Name: HORACE MANN INSURANCE COMPANY

FILED
Apr 30, 2019
Secretary of State
3324287288CC

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 AVP & TAX DIRECTOR
Name STUENKEL, JEREMY
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP & TREASURER
Name GAYLE, TROY M
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

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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: JEREMY STUENKEL

AVP

04/30/2019

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
Name BENHAM, BRET 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 GREENIER, RYAN
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 MOORE, ELIZABETH 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