State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP -8 P 12: 04

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: $310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Horace Mann Employer Services Corporation

2. It is incorporated under the laws of: **Delaware**

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **02/21/1989**

And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

1 Horace Mann Plaza, Springfield, IL 62715

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Corporation Service Company**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard, Suite 200**

City/Town	State	Zip Code
Warwick	**RHODE ISLAND**	**02888**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 08 2021
BY _____ 12:04

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Collection & disbursement of insurance premiums, administration of cafeteria plans under Section 125

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
See attached list	

Check the box to indicate an attachment ☑

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	**See attached list**	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☑

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	**Common**		**0.01**

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *(Note: Percentage obtained from worksheet.)*

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. *(Note: Percentage obtained from worksheet.)*

.5 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing)_____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer	Date
Linea Michael	**09/02/2021**

Signature of Authorized Officer of the Corporation

Linea Michael SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Horace Mann Employer Services Corporation

Officers:

Officer #1
Name: Marita Zuraitis
Title: President and Chief Executive Officer
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #2
Name: Bret A. Conklin
Title: Chief Financial Officer
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #3
Name: Donald M. Carley
Title: Secretary and General Counsel
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #4
Name: Timothy A. Darley
Title: Senior Vice President
Business address: 4949 Keller Springs Rd, Addison, TX 75001

Officer #5
Name: Ryan Greenier
Title: Senior Vice President, Finance
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #6
Name: Troy Gayle
Title: Vice President and Treasurer
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #7
Name: Tyson Sanders
Title: Vice President
Business address: 4949 Keller Springs Rd, Addison, TX 75001

Officer #8
Name: Jeremy Stuenkel
Title: Vice President and Tax Director
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #9
Name: DeEtte Stump
Title: Vice President
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Officer #10
Name: Linea Michael
Title: Assistant Secretary
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Directors:

Director #1
Name: Marita Zuraitis
Title: Director
Business address: 1 Horace Mann Plaza, Springfield, IL 62715

Director #2
Name: Timothy A. Darley
Title: Director
Business address: 4949 Keller Springs Rd, Addison, TX 75001

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORACE MANN EMPLOYER SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORACE MANN EMPLOYER SERVICES CORPORATION" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2188043 8300

SR# 20212719406

Authentication: 203687943

Date: 07-15-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

September 08, 2021 12:04 PM

Nellie M. Gorbea
Secretary of State